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9 IN THE UNITED STATES DISTRICT COURT
10 FOR THE CENTRAL DISTRICT OF CALIFORNIA
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13 **EMILY Q., et al.,**

14 Plaintiffs,

15 v.
16

17 **DIANA BONTA, et al.,**

18 Defendant.
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Case No.: CV 98-4181 AHM (AJWx)

**NOTICE OF LODGING OF
SPECIAL MASTER'S FINAL
REPORT IN RESPONSE TO
COURT'S ORDER APPOINTING
SPECIAL MASTER, FEBRUARY
21, 2008**

Courtroom: 14
Judge: The Honorable A. Howard
Matz

1 **TO THE COURT AND ALL PARTIES AND THEIR ATTORNEYS OF**
2 **RECORD:**

3 **PLEASE TAKE NOTICE** that Defendant (on behalf of the Special Master)
4 hereby lodges with the Court the attached Special Master's Final Report in
5 Response to Court's Order Appointing Special Master, February 21, 2008.

6
7 Dated: May 5, 2011

Respectfully submitted,

8 KAMALA D. HARRIS
9 Attorney General of California
10 PAUL REYNAGA
Supervising Deputy Attorney General

11 /s/

12 MELINDA VAUGHN
13 Deputy Attorney General
Attorneys for Defendant

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**FINAL REPORT IN RESPONSE TO COURT'S ORDER APPOINTING SPECIAL MASTER,
FEBRUARY 21, 2008**

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6 **UNITED STATES DISTRICT COURT**
7 **CENTRAL DISTRICT OF CALIFORNIA**
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11 EMILY Q. et al.,

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13 Plaintiffs,

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15 v.

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19 DIANA BONTA,

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21 Defendant.

) CASE NO. CV 98-4181 AHM (AJWx)

)
) **FINAL REPORT IN RESPONSE**

) **TO COURT'S ORDER APPOINTING**

) **SPECIAL MASTER, FEBRUARY 21, 2008**
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) Honorable A. Howard Matz

) Courtroom 14
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May 2011 – Emily Q. Special Master’s Final Report

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Introduction and Purpose of this Report

In this report, which I believe will be the Special Master's final report to the Court for the Emily Q. matter, I am pleased to offer my recommendations regarding Court exit from the matter along with findings of fact, parting observations, and recommendations for the future of therapeutic behavioral services for children in California. This report begins by citing instructions provided to me in the February 21, 2008 Court's Order Appointing Special Master. This is followed by my findings regarding California Department of Mental Health (CDMH) and its agents, the county Mental Health Plans (MHPs), completion of the Nine Point Plan. Based on these findings, I recommend Court exit from the Emily Q. matter. However, due to changes to the state and county service delivery structure proposed under Governor Brown's realignment strategy, I feel compelled to state certain cautions and concerns I hold regarding the post-exit service delivery environment in California, especially in terms of how realignment could challenge sustainability of Therapeutic Behavioral Services (TBS) delivery statewide.

The Emily Q. Settlement Team

I would once again like to acknowledge the Emily Q. Settlement Team for its professionalism and enduring commitment to getting the job done. The following is a list of 12 representatives who make up the Settlement Team (See Exhibit A for a complete list of participant names and titles):

- *California Department of Mental Health*: Assistant Deputy Director, Community Services Division; Chief, Program and Policy Development Branch; and Chief and Senior Counsels;
- *Department of Health Care Services*: Chief, Medi-Cal Benefits Waivers Analysis and Rates; and Senior Counsel;
- *Representing the Class*: Disability Rights California, Senior Counsel; and Mental Health Advocacy Services, Executive Director;
- *Department of Justice, Office of the Attorney General*: Deputy Attorney General;
- *California Mental Health Directors' Association (CMHDA)*: Mental Health Director for Sonoma County;
- *Representing the Class perspective*: A Family Partner from a TBS and Wrap Around

1 agency who also is the parent of a child that has been in the public mental health
2 system; and a private sector mental health practitioner who delivers TBS to children
3 and families through county contracts.
4

5 **Instructions in the Appointing Order**

6 There are two key instructions from the February 21, 2008 Court Order Appointment of
7 Richard Saletta as Special Master for the Emily Q. matter that have framed my efforts over the
8 past three years as Special Master and that were the cornerstone of the Nine-Point Plan. This
9 first instruction refers to the requirements placed on the state:

10 Judgment was entered in this matter on May 11, 2001. The Judgment requires
11 defendant, the Director of the California Department of Health Care Services, and
12 her agent, the California Department of Mental Health (CDMH), to ensure that
13 members of the certified class have access to Therapeutic Behavioral Services
14 (TBS), a mental health service for children and youth which has been found to
15 have great benefit for class members. Among other aspects of the remedial
16 scheme, the Judgment required CDMH to identify county mental health plans
17 (MHPs) with "disproportionately low TBS utilization" and take corrective actions.
18 (Paragraph 1)

19 As detailed in the following sections of this report, it is my conclusion that the state defendant
20 has fulfilled the requirements of this judgment by both ensuring class member access to TBS,
21 and by taking corrective actions for the MHPs with disproportionately low TBS utilization.
22

23 A second instruction from the Appointing Order requires the following:

24 The focus of the Special Master shall be on the need to specify a minimum TBS
25 utilization rate or rates; the need to develop exit criteria; the need to develop a
26 qualitative review process; and the need to assure compliance after this case has
27 been terminated. (Paragraph 13)

28 Through the strong effort of CDMH and the Settlement Team as represented in the Emily Q.
29 Nine Point Plan, I believe my obligation to accomplish these four key tasks has been fulfilled. A
30 sufficient and significant number of the MHPs have increased TBS utilization to the four percent

1 benchmark; exit criteria have been developed and met; a qualitative review process has been
2 implemented in 53 of the 56 MHPs; and CDMH is committed to sustaining and assuring
3 compliance with the Nine Point Plan after the case is terminated.

4
5 **Special Master's Review of CDMH Completion of Points One Through Eight**

6 My prior report, the Seventh Report in Response to Court's Order Appointing Special
7 Master, details the actions that have been taken to fulfill Points One through Eight of the Nine
8 Point Plan, and I will not repeat those points here. I will, however, make note of several key
9 additional findings for each point and summarize findings that have emerged following that
10 report.

11 To begin, I find that the California Department of Mental Health and its MHPs have
12 successfully implemented Points One through Nine of the Nine Point Plan. In this regard, I
13 especially commend the efforts of Sean Tracy, Assistant Deputy Director of the Community
14 Services Division, CDMH Director Stephen Mayberg, and their staff for their leadership,
15 thoroughness, enthusiasm, engagement, and transparency in implementing the Nine-Point Plan.
16 The CDMH team effort, in partnership with the many others involved in the rollout process, has
17 yielded remarkable success in advancing TBS for children in the Emily Q. class and their
18 families statewide. An unintended positive consequence of CDMH's successful implementation
19 of the Nine Point Plan has been its effect on the usual and customary practices at the provider
20 and family levels. By promoting and supporting the advancement of positive behavioral
21 supports as an essential treatment intervention, more and more treatment plans are including
22 positive behavioral supports as a key treatment.

23
24 **Point One – Reduce Administrative Requirements: Accomplished**

- 25 • CDMH has reduced and streamlined the TBS administrative requirements, which has
26 resulted in promoting increased TBS statewide. These new requirements have been
27 clearly written into the *TBS Documentation Manual* and they have been incorporated
28 into the efforts of the CDMH Audit and Compliance Unit. Many MHPs have received
29 training in documenting TBS, and the TBS administrative requirements have been
30 successfully implemented statewide. CDMH has not reintroduced or incorporated new

1 administrative requirements that would deter from greater access to and utilization of
2 TBS. CDMH is committed to maintaining this approach of eliminating administrative
3 burdens in the future.

4
5 Point Two – Clarify Eligibility Requirements: **Accomplished**

- 6 • CDMH has clarified the TBS eligibility requirements. Service selection based on the
7 clinical needs of the child, rather than on resource availability or service limitations in
8 the MHP, has greatly improved in many MHPs, thereby opening and increasing class
9 member access to TBS services. CDMH has not proposed any changes to the class
10 definition or eligibility requirements.

11
12 Point Three– Establish an Accountability Process and Structure: **Accomplished**

- 13 • CDMH has successfully implemented the TBS accountability effort in the majority of
14 MHPs and continues to promote efforts to permanently establish accountability in TBS
15 planning and decision-making at the state and county levels. Fifty-three of the 56
16 MHPs have substantially complied with Point Three. One Level Two MHP (Merced)
17 and two Level I MHPs (Colusa and Modoc) will require additional support and
18 attention from CDMH.
- 19 • A key aspect of the accountability effort has been the unprecedented level of
20 transparency created by the CDMH Emily Q. Web page through its MHP Progress
21 Report and Data Dashboard. This effort has raised the standard of accountability for the
22 department through its strong commitment to openness and to sustained transparency
23 into the future. I commend CDMH and its contractor APS Healthcare for their joint
24 development of these clear, useful, accurate, responsive, and user-friendly reports.
- 25 • Although it is in the early stages of development and implementation, the TBS Family
26 and Youth Strategy shows promise to increase state and, more importantly, local
27 accountability for accessing and improving the delivery of TBS. The TBS Family and
28 Youth Strategy Core Planning Team is comprised of representatives from CDMH, the
29 California Alliance, California Institute of Mental Health (CiMH), the California
30 Mental Health Directors Association (CMHDA), the California Youth Empowerment

1 Network (CAYEN), the California Council of Community Mental Health Agencies
2 (CCCMHA), and United Advocates for Children and Families (UACF), and also
3 includes a parent partner advocate who is a member of the Emily Q Settlement Team.
4 The Core Planning Team designed a strategy that is based on a framework consisting of
5 information and communication; engaging with parents and parent organizations;
6 partnering with other agencies; family, youth, and MHP training; and evaluation.

- 7 • Family and youth participants and representatives in the statewide TBS effort have
8 reported strong interest in and satisfaction with the accountability effort and with the
9 accessible and useful Web-based information available to them. As noted in various
10 sections of the *CDMH 2010 Annual Assessment*, family and youth participation and
11 collaboration at the state and MHP levels has reached a remarkably high level, far
12 above any previous efforts that I have seen to engage and mobilize families and youth
13 in any mental health initiative.
- 14 • The TBS Small County Strategy was developed by the Settlement Team to address
15 challenges faced by small and rural counties in providing TBS, and to assist in
16 increasing TBS utilization in these regions. Jaye Vanderhurst, Napa County Mental
17 Health Director, representing CMHDA, has been instrumental in supporting the
18 implementation of the Small County Strategy. At each monthly CMHDA Small
19 Counties Committee meeting, Director Vanderhurst provides an update on the Small
20 County Strategy and the status of the Nine Point Plan. Her participation and
21 commitment have been critical in promoting the objectives of the strategy and in
22 acquiring important feedback from those on the ground level in the small county MHPs.
23 Director Vanderhurst participated in the initial planning of the upcoming small county
24 TBS training and provided valuable insight into the needs of the small counties.

25 Implementation of the Small County Strategy shows remarkable growth between
26 2009 and 2010 among the 29 small and rural counties to implement the Nine Point
27 Plan. The 2009 MHP Progress Report developed by CDMH reported that 13 small
28 counties were on track and making strong progress on implementing the plan; one
29 small county was making some progress on implementing the Plan; and 15 of the small
30 counties were not implementing the plan and required further technical assistance from

1 CDMH. One year later, efforts of the small and rural counties in implementing the
2 Nine Point Plan have significantly improved: the 2010 MHP Progress Report noted
3 that 23 of the 29 small counties are on track and making strong progress on
4 implementing the plan; four small counties are making some progress on implementing
5 the plan; and two small counties are not implementing the Plan and may require further
6 technical assistance from CDMH.

- 7 • Appendix C of the Nine Point Plan identified data comparisons that were intended to
8 help determine the effectiveness of TBS and also to support local TBS discussions,
9 including pre-post comparisons for hospitalization, RCL 12+ placements, and other
10 mental health services received. Though well intended, these comparisons proved to be
11 very problematic. For example, through tremendous effort CDMH and APS were able
12 to construct an analysis of hospitalization data prior to and following TBS services that
13 suggested significant differences following TBS; however, on closer analysis, there was
14 so much uncertainty surrounding the data, the Settlement Team decided not to include
15 this analysis in the Web-based dashboard. There was great concern that these analyses
16 with ambiguous findings would confuse rather than contribute to the broader discussion
17 about TBS, so the effort was dropped in order to better use APS's limited contract
18 resources. With regard to pre-post RCL 12+ placement data, CDMH and CDSS were
19 able, for the first time, to combine and match data for Emily Q. class members across
20 both departments' information systems for the years 2006-2008, but the combined data
21 did not reach far enough back in time to support longitudinal analysis of pre-TBS
22 placement. Consequently, this portion of the accountability plan was not completed per
23 consensus agreement by the Settlement Team. As Special Master, I supported the
24 decision not to pursue these comparison data analyses.

25
26 Point Four – Establish a TBS Best Practices Approach: **Accomplished**

- 27 • The CDMH *TBS Coordination of Care and Best Practices Manual*, which was
28 developed through a broad array of contributors, clearly articulates the best practice
29 approach to TBS. This manual, in combination with CDMH and MHP training efforts,
30 offers great promise in sustaining the TBS effort statewide and has set a new higher

1 standard for state leadership in promoting best practice approaches and coordination of
2 care.

3
4 Point Five – Multi-Agency Coordination Strategy: **Accomplished**

- 5 • CDMH has promoted multi-agency coordination at the MHP level through the
6 accountability process developed in Point Three.
- 7 • CDMH also is to be commended for its effort in engaging and mobilizing family and
8 youth as partners in the statewide TBS Nine-Point Plan effort. This remarkable effort is
9 gaining strength in many local communities and promises to significantly and positively
10 impact CDMH-community relations in perhaps unprecedented ways. Similarly,
11 CDMH's efforts to promote the TBS Small County Strategy, in partnership with
12 CMHDA, promises a sustained statewide effort.

13
14 Point Six – Statewide TBS Training Program: **Accomplished**

- 15 • CDMH and its training contractor CiMH have developed an excellent and well-received
16 TBS training program that incorporates the *TBS Documentation Manual* and the *TBS*
17 *Coordination of Care and Best Practices Manual*. Although not all MHPs have
18 participated in this training, CDMH has offered trainings statewide and has
19 demonstrated commitment to identify new training opportunities and to address unmet
20 training and resource needs. CDMH and CiMH continue to hold monthly technical
21 assistance conference calls with the Level II MHPs. On occasion, Level I MHPs have
22 joined the calls. The ten Level II counties identified in the Nine Point for focused
23 attention have been the strongest group of participants throughout the past 14 months.
24 On average, 15 MHPs participate in each monthly conference call.
- 25 • As noted in Point Three above, efforts are currently underway to increase outreach and
26 training to the small counties.

27
28 Point Seven – Technical Assistance Manuals: **Accomplished**

- 29 • As noted earlier in this report, CDMH has developed and promoted two excellent
30 manuals – The *TBS Documentation Manual* and the *TBS Coordination of Care and Best*

1 *Practices Manual*. These superlative manuals set a high standard within CDMH for the
2 type of leadership the state is capable of providing, especially in the way these "state-
3 owned" manuals strengthen the capacity of the MHPs and private providers to fulfill the
4 service delivery expectations embedded in the Nine-Point Plan.

5
6 **Point Eight – Outreach Strategy: Accomplished**

- 7 • The key medium of TBS outreach has been the Emily Q./TBS Web page on the CDMH
8 Web site. This effort represents the highest quality and state of the art effort in making
9 clear, consistent, useful, and relevant information available to all who are interested in
10 TBS. As noted in the *CDMH 2010 Annual Assessment*, the site has been visited several
11 hundred thousand times and has received very positive reviews. Family and youth
12 partners in the Nine-Point Plan process have been particularly positive in their reviews
13 of the array of qualitative and quantitative information available to them via the Web
14 page.
- 15 • In recent months, CDMH has added a page to the Emily Q. Web site dedicated to the
16 TBS Family and Youth Strategy. This page includes information about conference
17 calls, a variety of useful issues, and links that are provided by partners and call
18 participants.

19 In summary, and as noted in my November Seventh Report to the Court, I am pleased to
20 report that CDMH and the MHPs have fulfilled the requirements of Points One through Eight of
21 the Nine Point Plan.

22
23 **Point Nine – Court Exit**

24 To satisfy Point-Nine "*Exit to Success*" the Court required performance by the state and
25 by its agents, the county Mental Health Plans. This section of the Special Master's Final Report
26 summarizes my findings regarding MHP and state certification as having fulfilled the
27 requirements of the Nine Point Plan.

28
29 **County MHP Certification**

30 The Court's April 23, 2009 Order Approving Exit Plan Re: Criteria for Performance and

1 Termination of Jurisdiction directed the Special Master as follows:

2 The 27 large- and medium-sized MHPs are required to engage in significant effort
3 to fulfill the Court-ordered Nine-Point Plan. This effort will include striving to
4 increase TBS utilization, implementing quality TBS, engaging policy leaders and
5 other key local stakeholder agencies in the TBS effort, engaging with professional
6 staff and contract providers for TBS training, and engaging with local family
7 members and youth who must be involved in the local TBS effort in meaningful
8 and influential ways. (April 23, 2009 Exit Plan, page 8.)

9 In addition, the Order specified:

10 Four Percent Benchmark for TBS utilization

11 With this exit plan, the Court establishes a TBS utilization benchmark for the
12 Level II and exempted MHPs at 4% as calculated by the number of children in an
13 MHP receiving TBS divided by the number of children in that MHP who are
14 receiving EPSDT Mental Health services in a given year. This TBS utilization
15 benchmark will apply to the 27 large- and medium-sized MHPs, which represent
16 all 22 Level II MHPs plus the 5 exempted MHPs; together, these 27 MHPs serve
17 approximately 92% of the children who receive EPSDT Mental Health services in
18 the State of California.

19 Strive to Increase TBS Utilization to the 4% Benchmark

20 All large- and medium-sized MHPs are strongly encouraged to achieve the 4%
21 benchmark. For the Court to terminate jurisdiction by December 31, 2010, two-
22 thirds (18) of the 27 large- and medium-sized MHPs must have reached the 4%
23 TBS delivery threshold. If the Special Master determines that all other
24 requirements are met, the Special Master shall certify an MHP that has achieved
25 the 4% benchmark. If an MHP has met all other requirements, but has not
26 achieved the 4% benchmark, the Special Master shall certify the MHP if the MHP
27 demonstrates to the Special Master that it offers services equivalent to therapeutic
28 behavioral services to Emily Q. class members, and/or demonstrates that the MHP
29 is on a trajectory to achieve the 4% benchmark no later June 30, 2012. (April 23,
30 2009 Exit Plan, pages 9-10.)

1
2 The primary certification requirement of the Exit Plan is that an MHP reach the four
3 percent benchmark for TBS delivery. However, there are additional performance requirements
4 that the MHPs must meet to qualify for certification: quality TBS, administration and data
5 management, and outreach to and engagement of various partners and stakeholders. In order to
6 determine whether or not these various requirements have been met, I utilized the following
7 eight information sources for gathering input and making observations:

- 8 • The MHP data dashboards.
9 • The TBS MHP Progress Reports.
10 • Periodic reports to the Court by the Special Master and the CDMH Annual
11 Assessments.
12 • Special Master site visits to the MHPs.
13 • Direct communication between the Special Master and the MHPs.
14 • Settlement Team and SuperTACT meetings.
15 • TBS training and technical assistance to the MHPs.
16 • MHP participation in the Level II conference calls.

17 Together, these sources provided a multifaceted perspective on MHP performance.

18 The following discussion summarizes my findings with regard to certifying the Level II
19 MHPs as having fulfilled the Court ordered Nine Point Plan.

20
21 Striving to increase TBS utilization

22 The TBS Data Dashboards show that, among the 27 Level II MHPs, 18 have satisfied the
23 four percent benchmark requirement either through TBS services, a combination of TBS and
24 equivalent services, or a trajectory to reach the benchmark. In addition, seven MHPs have
25 demonstrated progress toward the benchmark although they did not reach it. And two MHPs
26 have demonstrated low or declining performance with regard to increasing TBS utilization. The
27 following chart identifies the Level II MHPs by level of performance. For complete information
28 describing TBS utilization for all 56 MHPs, please refer to Exhibit C: State and County MHP
29 Data Dashboards – Levels I and II.

| |
|---|
| Achieved the benchmark (TBS alone) Contra Costa, San Luis Obispo*, San Mateo*, Santa Barbara, Santa Clara, Sonoma*, Ventura. (TBS and equivalent services) Butte, Marin, Orange, Placer/Sierra, Riverside, Sacramento*, San Diego, San Francisco, Stanislaus. (Trajectory) Los Angeles, Santa Cruz. |
| Demonstrated significant progress but did not achieve the benchmark Alameda, Kern, Merced, Monterey, San Bernardino, Solano, Tulare. |
| Demonstrated low or declining performance toward achieving the benchmark Fresno, San Joaquin. |

1 *Four MHPs (San Luis Obispo, San Mateo, Sonoma, and Sacramento) have met the four
2 percent benchmark using a combination of state TBS claims data plus additional county-
3 reported TBS data for CY 2010. The difference in state and county TBS totals for these
4 counties is the result of a "data lag" caused by the incomplete implementation of new
5 Short-Doyle Phase II Medi-Cal claiming software in these counties. It is anticipated that
6 these county and state TBS totals will be reconciled no later than June 30, 2011.

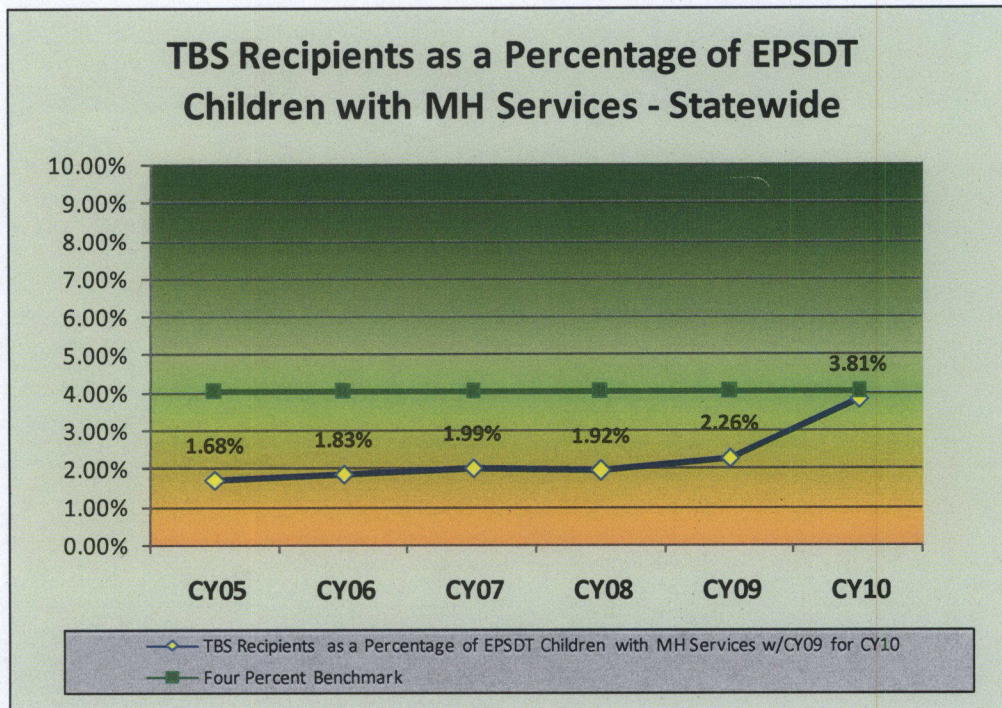
7
8 Certification based on trajectory to reach the benchmark

9 As noted on the chart above, two MHPs, Los Angeles and Santa Cruz, have not yet
10 achieved the four percent TBS utilization benchmark, but have made sufficient progress toward
11 it and have provided written guarantees and commitments to the Special Master that, through
12 continued effort, they will reach the benchmark by June 30, 2011. Copies of the certification
13 letters for Los Angeles and Santa Cruz, which describe the county methodologies and trajectory
14 commitments, are included in Exhibit D: County MHP and State TBS Certification and
15 Trajectory Letters.

16
17 Statewide TBS utilization data

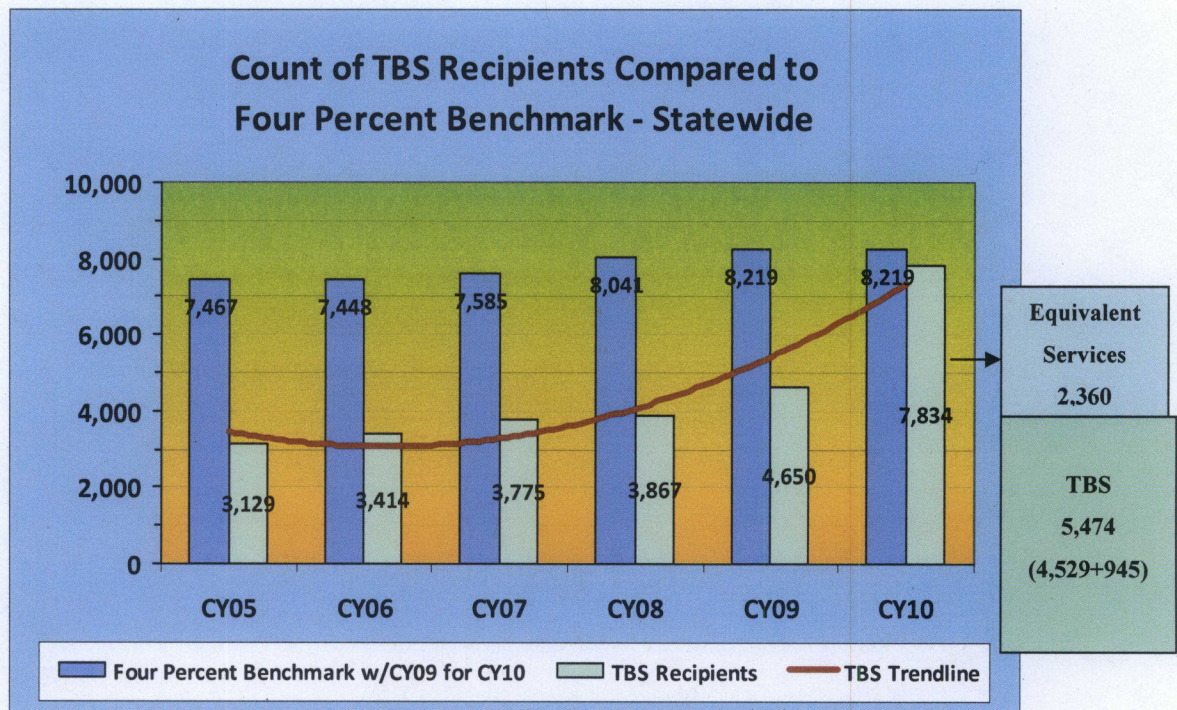
18 Although the exit certification requirements apply only to the 27 Level II MHPs, it is

1 helpful also to look at the statewide effort of all 56 MHPs to increase TBS utilization. The
 2 following two charts display six years of TBS utilization for all the MHPs combined in order to
 3 show the statewide increase in TBS, especially since implementation of the Nine Point Plan in
 4 January 2009. The first chart displays statewide TBS and TBS-equivalent data as a percentage
 5 for calendar years (CY) 2005 through 2010.



20 As noted on the chart above, the statewide TBS utilization rate showed a relatively flat trajectory
 21 from CY 2005 through 2008. However, following implementation of the Nine Point Plan in
 22 January 2009 there was an increase in TBS for CY 2009 and – when TBS equivalents were
 23 combined with TBS increases for CY 2010 – the utilization rate nearly reached the four percent
 24 benchmark goal. It is very possible that once the CY 2010 data lag problems associated with
 25 implementation of the Short-Doyle Phase II Medi-Cal claiming software are resolved, total
 26 statewide TBS utilization could reach or exceed four percent.

27 The second chart (below) displays statewide numeric totals for TBS utilization,
 28 combining the TBS numbers with the TBS equivalents for the year 2010.



This chart requires some explanation. For CY 2010, the count of TBS recipients includes 4,529 children from the CDMH claims files (reflecting the data lag described above), plus an additional 945 from the MHPs (claims not yet entered into the Medi-Cal software), along with 2,360 recipients of TBS equivalent services as certified by the Special Master. For 2010, the numerator is the 2010 count of TBS and equivalent recipients, while the denominator is the 2009 count of EPSDT children with mental health. Because of the data lag problem, the actual number of children receiving EPSDT mental health services in 2010 (on which the benchmark is based) is not yet available, so the Settlement Team agreed to use the 2009 EPSDT mental health total for the calculation. As noted on the chart, the addition of the TBS equivalent services to the chart totals raises the total number of children receiving TBS or equivalent services to nearly the four percent goal. Once the Medi-Cal Phase II claiming data lag problem is resolved, the statewide total will likely exceed the benchmark goal.

Additional criteria for certifying the 18 MHPs that achieved the four percent benchmark

In addition to achieving the quantitative four percent benchmark, the Exit Plan requires that MHPs engage in important qualitative TBS-related local activities before they can be

1 certified as having met the Exit Plan requirements. These activities include:

- 2 • Implement quality TBS to the satisfaction of the Special Master.
- 3 • MHPs demonstrate their ability to accurately employ procedure codes, cost reports and
- 4 CSI data reporting for TBS services.
- 5 • Engage other key local stakeholders.
- 6 • Demonstrate commitment to outreach to, provide TBS training to, and engage with
- 7 professional staff and contract providers in the MHP.
- 8 • Demonstrate commitment to outreach to, provide TBS training to, and engage with
- 9 family members and youth in the MHP.

10 As noted above, multiple information sources are available to determine whether or not an MHP
11 has put sufficient effort into this array of activities to earn certification. CDMH staff has been
12 very helpful in developing, collecting, analyzing, and interpreting information about each MHP's
13 effort.

14 Based on the information available, I have certified the 18 MHPs that achieved the four
15 percent benchmark as also having satisfied the other performance requirements of the Exit Plan.
16 Copies of these 18 MHP certification letters are included in Exhibit D: County MHP
17 Certification and Trajectory Letters.

18
19 The nine Level II MHPs that did not meet certification criteria

20 Progress reports for the Level II MHPs that did not meet the certification criteria show
21 that most either satisfied the qualitative performance requirements or showed effort to fulfill
22 these requirements. Four Level II MHPs (Alameda, Monterey, San Bernardino, and Tulare)
23 showed good performance and increased utilization over the past three years and it is likely these
24 MHPs are on a solid TBS utilization trajectory with the capacity to reach and sustain the four
25 percent benchmark within the next 12 to 18 months. Two MHPs (Kern and Solano) have shown
26 good performance but modest utilization gains and, with additional time and support and training
27 from CDMH, I am confident they will reach and sustain the benchmark. Three MHPs have
28 either not been participating in the accountability and performance requirements (Merced) or
29 they show very low (San Joaquin) or declining (Fresno) TBS utilization – these three MHPs will
30 require additional follow up from CDMH to problem solve and engage fully in all the Nine Point

1 Plan requirements (per Post Exit Requirements in Point Nine, Exhibit A, pages 15-19).

2
3 Level I MHP Performance

4 Although Level I MHP performance is not a factor in Court exit, it is helpful to review
5 efforts to increase TBS utilization among these 29 MHPs. Five Level I MHPs (Calaveras,
6 Glenn, Mendocino, Napa, and Siskiyou) showed strong engagement and TBS utilization above
7 two percent, with Napa County surpassing the benchmark requirement (4.48 percent for CY
8 2010). On the other hand, six MHPs have not fully engaged in the Nine Point Plan requirements:
9 Lake, Mono, Plumas, and Tehama Counties need to improve their implementation efforts, while
10 Colusa has been non-responsive to CDMH inquiries and Modoc has not submitted any of the
11 required paperwork. These six MHPs will require additional follow up from CDMH to problem
12 solve and fully engage in the Nine Point Plan or to receive technical assistance and monitoring
13 (per Post Exit Requirements in Point Nine, Exhibit A, pages 15-19). Two additional MHPs
14 (Humboldt and Yolo) have fully engaged in the local meeting efforts but their utilization data
15 show precipitous declines, which may be attributed to the Phase II data lag problem discussed
16 above; CDMH should look into their situations and determine the appropriate course of action.

17
18 State Requirements for Court Exit

19 The majority of state requirements that must be met prior to exit were embedded in
20 Points One through Eight of the Nine Point Plan. As noted at the beginning of this report and in
21 the Special Master's November Report, the state has already fulfilled these core requirements.
22 There are, however, a few additional state requirements listed in the Court's April 23, 2009
23 Order Approving Exit Plan:

24 Implement Points One through Eight of the Emily Q. Nine-Point Settlement Plan

25 CDMH must fully implement Points One through Eight of the TBS Nine-Point
26 Plan, as follows:

- 27 1. Reduce administrative barriers to TBS and not replace them with additional
28 barriers;
29 2. Clarify eligibility for TBS and not confuse eligibility at a later time;
30 3. Establish an accountability system capable of determining and documenting

1 TBS services by the MHPs;

2 4. Establish a fidelity performance model for TBS;

3 5. Develop coordinated linkages with other state agencies that serve TBS class
4 members, especially the California Department of Social Services, Juvenile
5 Justice agencies, and the Administrative Office of the Courts;

6 6. Develop and implement a comprehensive training program for TBS providers
7 and administrators at the local level;

8 7. Develop, publish and maintain training manuals consistent with the
9 comprehensive TBS training program; and

10 8. Develop and implement a TBS outreach effort to children, families, providers
11 and other stakeholders. (April 23, 2009 Exit Plan, page 6.)

12 Clearly, the majority of these requirements have already been met as described in the November
13 report. However, there are several small items under bullet 5 that require brief discussion.

14 Bullet item 5 specifically identifies state-level agencies that play an important role in
15 ensuring Emily Q. class member access to TBS statewide. Of these, CDMH has established an
16 on-going relation with the California Department of Social Services (CDSS), largely through a
17 data sharing agreement that was central to the success of the TBS Data Dashboard. CDMH and
18 CDSS were able, for the first time, to develop a combined client database for children in the
19 class. Hopefully, these two departments will continue to work together to support CDMH's
20 ongoing information requirements through 2012 and perhaps beyond. CDMH also convened a
21 one-time multiagency coordination of care meeting that included state level juvenile justice
22 representatives and a representative of the Administrative Office of the Courts – this meeting
23 greatly contributed to completion of the *TBS Coordination of Care and Best Practices Manual*.
24 In my November Report to the Court, I recommended that CDMH reconvene a similar meeting
25 at this level as a corollary to MHP local multiagency coordination of care meetings. To my
26 knowledge, this has not yet happened. I recognize it is time for the Court to exit and this one
27 detail does not merit interfering with state certification; nonetheless, this item reflects an
28 important need and opportunity to promote state-level interagency coordination. In order to
29 promote ongoing TBS discussions at the state level, I encourage CDMH to consider using the
30 Health and Human Services Agency State Interagency Team (SIT) as a venue for promoting and

1 coordinating state-level services.

2 Bullet item #6 addresses comprehensive TBS training for providers and administrators at
3 the local level, and CDMH has made a strong commitment to sustain TBS training. Although
4 during prior years, the MHPs and providers underutilized these training opportunities, recently –
5 especially during the Special Master's MHP site visits to review TBS equivalent services, the
6 Level II MHP conference calls with CDMH, the Small County Strategy meetings, and statewide
7 Family and Youth Strategy conference calls – county and provider staffs, families, and youth
8 have expressed a great deal of interest in training to increase quality and capacity in providing a
9 positive behavioral approach, which is at the core of TBS, to serving children and families. In
10 order to take advantage of this increased interest in TBS training, I encourage the state to identify
11 and commit increased training funds to the Nine Point Plan training effort commensurate with
12 the training opportunities that are emerging across the state. It is my understanding that the
13 plaintiffs will be submitting a proposal to the Court for consideration that would provide critical
14 resources to support and promote CDMH's effort to provide the needed and necessary training
15 necessary to sustain utilization, increase capacity, and improve the quality of TBS statewide.

16 Finally, the Court Exit Order identifies five additional state requirements (April 23, 2009
17 Exit Plan, pages 6-7):

- 18 • Implement Information Notices and/or Policy Letters regarding TBS.
- 19 • Implement the State TBS Data Dashboard.
- 20 • Document the MHPs' ability to answer the four key accountability questions identified
21 in Point Three of the Nine-Point Plan.
- 22 • Sustain the ASIS and TACT groups.
- 23 • Produce an Annual Assessment of MHP TBS Performance in October 2009 and
24 October 2010.

25 I have reviewed and assessed CDMH performance of these five items using the following
26 documents:

- 27 • Information Notices and Letters to MHPs.
- 28 • Annual Level I and II County MHP Progress Report –Point Three.
- 29 • Annual Assessments of MHP TBS Performance to the Court.
- 30 • Special Master Site Visits to County MHPs.

- 1 • Settlement Team and SuperTACT meetings.
- 2 • TBS Utilization –County MHP Dash Boards.
- 3 • Small County Strategy.

4 Based on review of these documents, along with prior completion of Points One through Eight, I
5 find that CDMH has completed all the requirements for Court exit.

6

7 **Special Master's Recommendations Regarding Court Exit**

- 8 1. I recommend that the Court exit the Emily Q. matter and that CDMH take over
9 management of TBS per the post-exit requirements described in the Nine Point Plan and
10 further elaborated in CDMH Point Nine, Transition Plan, filed with the Court on January
11 7, 2011.
- 12 2. I further recommend that at this time CDMH take the necessary measures as specified in
13 the Court Exit requirements to address low performing Level II County MHPs, especially
14 Fresno, Merced, and San Joaquin Counties.
- 15 3. Additionally, I recommend that CDMH work directly with low performing Level I MHPs
16 as identified in the MHP Progress Report, especially Colusa and Modoc Counties, using
17 technical assistance and training through the Small County Strategy.

18

19 Proposed dates for the next Court appearance

20 The Order of Appointment provided that a hearing shall be held four weeks after the
21 filing of the Special Master's report, which date will be May 30, 2011. Unfortunately I will be
22 out of the country on that date, returning June 8, 2011. I therefore request the Court consider the
23 following alternative dates – June 14, 15, 16, 21 or 22, 2011, at which times the Special Master
24 and all parties are available for a hearing.

25

26 **The Post Exit Environment In California:**

27 Now that the state has fulfilled its obligations as set forth in the Nine Point Plan and is
28 moving forward per the post-exit requirements, I believe TBS is on a solid trajectory toward
29 sustainable growth across all the California MHPs. Nonetheless, I have concerns about the
30 emerging political and service delivery environment in California. I would like to describe my

1 concerns here in this final section of my final report in order to caution the state as it moves
2 forward in uncertain times. These observations do not change my recommendation that the
3 Court exit the Emily Q. matter. Rather, I simply want to express my concerns to stimulate the
4 thinking of the many people that have worked so hard for so many years to reach a successful
5 conclusion to Emily Q. Perhaps by looking ahead, we can better preserve and protect the gains
6 that have been made to ensure class access to TBS.

7 Clearly, these current times are very exciting and challenging in California as Governor
8 Brown's Administration moves rapidly forward to structurally address the budget deficit, to
9 improve organizational efficiency and effectiveness at the state level, and to realign programs
10 and funding down to the counties. As Special Master I want to call attention to some of the
11 changes already underway, changes that are being proposed, and the emerging questions
12 regarding California's implementation of its EPSDT/Medi-Cal program in a post-exit
13 environment. I wish only to inform the Court and the state and the parties as to the possible
14 conditions that may impact the California EPSDT Medi-Cal program in the months and years
15 ahead.

16 The Governor has proposed changes in the state and county service delivery relationship
17 along with reorganization within and across state departments. Much of what is being proposed
18 in the areas of realignment – transferring state responsibilities and funding to the counties – has
19 already happened or is being planned through new legislation. Briefly my observations and
20 concerns are as follows:

- 21 • Currently, the cost of TBS, as well as all EPSDT Medi-Cal mental health services for
22 children's funding, is shared approximately 40% state, 50% federal and 10% county.
23 Oversight and accountability over TBS is provided by CDMH in accordance with the
24 Nine Point Plan. This process has been successful, as demonstrated by measured
25 progress summarized in this report.
- 26 • Under county realignment, the state portion of EPSDT fiscal responsibility – which to
27 date has been entitlement driven and uncapped – has shifted to the counties, using
28 funding from MHSA and extended taxes. Also, under the proposed state
29 reorganization, TBS as well as all EPSDT Medi-Cal requirements for children's mental
30 health oversight and accountability may shift from CDMH to CDHCS.

- 1 • However, ongoing funding through tax extension to sustain the state portion of EPSDT
2 Medi-Cal is not guaranteed (if there is no election, or if voters do not approve a tax
3 extension); nor are there county maintenance of effort requirements in the new
4 realignment legislation over dedicating MHSA funding for the state share of EPSDT
5 Medi-Cal, or provisions for ensuring dollars are dedicated for entitlement growth; nor
6 does CDHCS currently have the same level of institutional commitment and capacity as
7 CDMH to oversee and sustain TBS.
- 8 • My concern is that, following realignment and state reorganization, funding will
9 decline, counties will not maintain the state portion of EPSDT Medi-Cal necessary to
10 sustain TBS, CDHCS will not have the staffing expertise to sustain the level of
11 oversight and accountability currently provided by CDMH, and gains recently made in
12 TBS will be lost.

13 As noted above, I am expressing these concerns in order to stimulate thinking among all who
14 have worked so hard to bring the Emily Q. matter to a successful conclusion; the more we
15 understand about the new service environment in California, the better we will all be able to
16 ensure that the gains made in TBS utilization will be sustained well into the future.

17
18 In closing, I would like to again thank the Court for affording me the privilege of serving
19 as special master for the Emily Q. case.

20
21 Dated: May 2, 2011

Respectfully submitted,

22
23 /s/
24

25 Richard Saletta, LCSW
26 Special Master
27

ECF DIVIDER

**EXHIBIT "A" TO SPECIAL MASTER'S FINAL REPORT – MEMBERS OF THE EMILY Q.
SETTLEMENT TEAM**

Exhibit A: Members of the Emily Q. Settlement Team

California State Department of Mental Health

- Sean Tracy, Assistant Deputy Director, Community Services Division.
- Rita McCabe, Chief, Program and Policy Development Branch, Community Services Division.
- Cynthia Rodriguez, Chief Deputy, Legal Services.
- Barbara Zweig, Senior Staff Attorney, Legal Services.

California State Department of Health Care Services

- Dina Gonzales, Chief, Medi-Cal Benefits Waiver Analysis and Rates.
- John Krause, Senior Counsel, Legal Services.

Representing the Class

- Melinda Bird, Senior Counsel, Disability Rights of California.
- Jim Preis, Executive Director, Mental Health Advocacy Services, Inc.
- Cynthia Robbins-Roth, Parent Partner, Edgewood Center for Children, Wraparound/TBS Turning Point, San Mateo.
- Tom Sodergren, TBS Practitioner, Director of Community Services, Casa Pacifica.

California State Department of Justice, Office of the Attorney General

- Melinda Vaughn, Deputy Attorney General.

Representing Counties

- Michael Kennedy, Director of Mental Health, Sonoma County, California Mental Health Directors Association.

ECF DIVIDER

**EXHIBIT "B" TO SPECIAL MASTER'S FINAL REPORT – COUNTY MHP PROGRESS
REPORTS**

1
2
3
4

Exhibit B: County MHP Progress Reports



**Therapeutic Behavioral Services
County Mental Health Plan
2010 Progress Report**

Purpose: The goal of the Therapeutic Behavioral Services (TBS) Accountability Structure is to identify and develop a statewide practice and performance improvement structure. This structure includes the evaluation of claims data, a local TBS meeting process, and the development and submission of County Mental Health Plan (MHP) summary reports received as of April 15, 2011. This accountability structure is designed to help the State and MHPs ensure that TBS is accessible, effective, and sustained for the Emily Q class members as outlined in the Court-approved TBS Plan.

Per the Nine Point Plan, the ten Level II focus counties were required to convene two Stakeholder meetings and two Decision-Maker meetings in Calendar Year (CY) 2010. The remaining Level II counties and all Level I counties were required to convene one Stakeholder meeting and one Decision-Maker meeting. Within 60 days following each meeting, counties were requested to submit a meeting report summarizing responses to the Four Questions (refer to the Nine Point Plan), along with a sign-in sheet of meeting attendees.

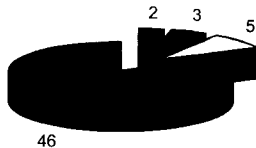
This MHP Progress Report will be used by the Special Master as a tool in the certification of MHPs as successfully implementing the Nine Point Plan. The report will also be used to identify successes and address challenges experienced by MHPs during their implementation of the Nine Point Plan. The scoring criteria for this progress report are included on page 2.

Note regarding Level I MHP data: Validation of CY 2010 data for Level I small counties is currently being completed and will be updated in the MHP Progress Report as available.

For more information, please visit the State Department of Mental Health TBS website at http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/EPSDT.asp or contact Sean Tracy, Assistant Deputy Director, Community Services Division at (916) 651-1281. Thank you.

Nine Point Plan Implementation Scores

8-12, yellow: Implementation of Nine Point Plan needs improvement



Level II Benchmark Criteria

Orange: Less than 4% TBS utilization

2010 Benchmark Summary
27 MHPs Total (Level II)





Therapeutic Behavioral Services
County Mental Health Plan
Progress Report Scoring Criteria

| Category | Criteria (Each category has a possible total of 5 points) |
|--|---|
| Completion of MHP Responsibility Form | <p>1 point: MHP provides a management level point of contact for local TBS efforts.</p> <p>1 point: MHP lists date(s) for stakeholder meeting(s).</p> <p>1 point: MHP lists date(s) for decision-maker meeting(s).</p> <p>1 point: MHP submitted form prior to October 2010. (Note: DMH requested completion by May 2010).</p> <p>1 point: Meetings are scheduled to convene prior to December 2010.</p> |
| Stakeholder Meeting | <p>1 point: MHP submitted list of attendees.</p> <p>3 points: Attendees included representatives of the following 8 groups (per Nine Point Plan):</p> <ul style="list-style-type: none"> - Public agency staff and volunteers providing mental health or related services. - Contract mental health agency staff and volunteers, including all TBS providers. - Education providers. - Parents and youth. - Group home providers and foster parents, or child welfare representatives - Officers of the Court involved in juvenile matters - Attorneys practicing in delinquency and dependency court. - Members of the faith community and other volunteer organizations. <p>1 point: The appropriate number of meetings (Level I v. Level II requirements) are scheduled to convene in 2010.</p> |
| Decision Maker Meeting | <p>1 point: MHP submitted list of attendees.</p> <p>2 points: Attendees included representatives of the following 6 groups (per Nine Point Plan):</p> <ul style="list-style-type: none"> - Child Welfare Services Director. - Chief Probation Officer or Deputy Chief of Juvenile Probation. - Presiding Judge of the Juvenile Court. - County Office of Education Special Education Director. - Parent/Child Advocate Representatives. - Local TBS Provider Representatives. <p>1 point: The majority of attendees were from the director/executive level as indicated in the list above.</p> <p>1 point: The appropriate number of meetings (Level I v. Level II requirements) have been held are scheduled to convene in 2010.</p> |

| | |
|--|---|
| <p><u>Quality of Local Meeting Reports</u></p> | <p>Note: To receive points in this category, the criteria must be met in all reports submitted (stakeholder and decision-maker).</p> <p>1 point: Thoughtfully answered question 1, Are the children and youth in the county who are Emily Q class members and who would benefit from TBS, getting TBS?</p> <p>1 point: Thoughtfully answered question 2, Are the children and youth who get TBS experiencing the intended benefits?</p> <p>1 point: Thoughtfully answered question 3, What alternatives to TBS are being provided in the county?</p> <p>1 point: Thoughtfully answered question 4, What can be done to improve the use of TBS and/or alternative behavioral support services in the county?</p> <p>1 point: Supporting/additional helpful materials were provided voluntarily.</p> |
| <p>Separate Benchmark Criteria</p> | |
| <p><u>4% Benchmark</u></p> | <p>Green: MHP meets the 4% benchmark criteria as outlined in the Court-ordered Exit Strategy; or</p> <p>Orange: MHP does not meet 4% benchmark.</p> <p><u>Note: To find out how many additional children will need TBS in order to meet your 4% benchmark, please refer to your data dashboard by clicking on "4% benchmark" to the left.</u></p> <p><i>*Source: 4% benchmark progress for Calendar Year 09 as noted in the Track 1 data dashboards.</i></p> |
| <p>Suggestions for Improvement</p> | |
| <p>Suggestions to improve TBS implementation</p> | <p><u>This component is not scored. Recommendations for improvement are based on requirements of the Nine Point Plan. To read the Nine Point Plan, please visit the DMH TBS website at http://www.dmh.ca.gov/Services and Programs/Children and Youth/docs/EPSDT do</u></p> <p><u>This segment also includes examples of noteworthy efforts each county is undertaking to ensure the successful implementation of the Nine Point Plan.</u></p> |

| MHP | Completion of MHP Responsibility Form | Stakeholder Meeting | Decision Maker Meeting | Quality of Local Meeting Reports | Total Score | 4% Benchmark** | | |
|-----|---------------------------------------|---------------------|------------------------|----------------------------------|-------------|----------------|---------|---------|
| | | | | | | CY 2008 | CY 2009 | CY 2010 |

Level II MHPs

Ten Level II Focus Counties

| | | | | | | | | |
|--------------------|---|---|---|---|----|-------|-------|-------|
| Alameda | 5 | 4 | 3 | 2 | 14 | | | |
| 2009 Report | 5 | 2 | 3 | 5 | 15 | 1.73% | 2.27% | 2.83% |

To improve TBS Nine Point Plan implementation, submit second Decision-Maker meeting report when completed. Alameda postponed the second Decision-Maker meeting due to high turnover of individuals at the executive level at the end of CY 2010. The second Decision-Maker meeting will occur on May 11, 2011 and the report will be submitted to DMH immediately following. Successes: Alameda's strong efforts to include youth and family members in local meetings has led to a greater awareness of TBS in the community, including barriers, which the county is working to eliminate. DMH has posted one of Alameda's stakeholder meetings on the TBS website as a model example. Alameda has conducted 25 outreach presentations on TBS since March 2009 and has additional outreach planned for the remainder of 2010 and moving forward.

| | | | | | | | | |
|--------------------|---|---|---|---|----|-------|-------|-------|
| Butte* | 5 | 3 | 5 | 5 | 18 | | | |
| 2009 Report | 5 | 2 | 5 | 5 | 17 | 1.41% | 2.85% | 9.22% |

To improve TBS Nine Point Plan implementation, include representatives from more groups at Stakeholder meetings (parents and youth, attorneys practicing in delinquency and dependency). Successes: Butte continues to collaborate with probation, provider agencies, Children's Services Division and state adoptions to increase referrals and utilization rates. The county is also working with the Crisis Stabilization Unit and psychiatric hospital discharge planners to offer TBS services sooner than they have been in the past. Butte has also developed a TBS Consumer Satisfaction Survey, which DMH will incorporate into the current Family and Youth Strategy.

| | | | | | | | | |
|--------------------|---|---|---|---|----|-------|-------|-------|
| Kern* | 5 | 3 | 3 | 4 | 15 | | | |
| 2009 Report | 5 | 5 | 3 | 4 | 17 | 0.38% | 0.56% | 1.33% |

To improve TBS Nine Point Plan implementation, include representatives from more groups (education providers, probation) at local meetings. Also, continue to increase TBS utilization as measured by the 4% benchmark. Successes: Kern improved the approach of the Special Multi-Disciplinary Referral Team (SMART) concerning at-risk youth which increased TBS referrals. In addition, Kern is exploring options to increase TBS referrals from school districts. Kern is also working with TBS Provider Jana D. Todd (JDT) Consultants to assist county staff in increasing TBS utilization.

* MHP received determination of TBS equivalent programs.

**Only Level II MHPs are held to the 4% benchmark criteria.

| MHP | Completion of MHP Responsibility Form | Stakeholder Meeting | Decision Maker Meeting | Quality of Local Meeting Reports | Total Score | 4% Benchmark** | | |
|---------------|---------------------------------------|---------------------|------------------------|----------------------------------|-------------|----------------|---------|---------|
| | | | | | | CY 2008 | CY 2009 | CY 2010 |
| Level II MHPs | | | | | | | | |

| | | | | | | | | |
|---------------------|---|---|---|---|----|-------|-------|-------|
| Los Angeles* | 5 | 4 | 4 | 5 | 18 | 1.76% | 1.96% | 4.03% |
| 2009 Report | 4 | 2 | 2 | 2 | 10 | | | |

To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (youth and family members, presiding Judge of the Juvenile Court). Successes: Los Angeles continues to increase TBS utilization as measured by the 4% benchmark. In the past two years, Los Angeles has contracted with several new providers to increase access and utilization rates. During 2010, 22 new TBS providers were added, increasing their provider number from 25 to 47. In addition, Los Angeles continues to provide TBS trainings to both supervisors and field staff on a regular basis. The county also conducts interagency trainings and presentations on a regular basis to various agencies including the County Office of Education, Central Juvenile Hall and Probation.

| | | | | | | | | |
|--------------------|---|---|---|---|----|-------|-------|-------|
| Monterey | 5 | 4 | 5 | 5 | 19 | 0.91% | 1.32% | 2.69% |
| 2009 Report | 0 | 3 | 3 | 3 | 9 | | | |

To improve TBS Nine Point Plan implementation, submit list of attendees from first Stakeholder meeting. Successes: Monterey has shown a commitment to outreach to Education and Probation regarding TBS. By conducting a meeting at a local Community Family Fun Day, Monterey was able to reach and educate many community members, who were previously unaware and underserved, about TBS. Monterey has also increased collaboration with partner and community agencies, which has led to greater awareness of eligibility requirements and the referral process. Monterey continues to screen all Social Services children for mental health needs, which has increased agency collaboration and TBS utilization.

| | | | | | | | | |
|-----------------------|---|---|---|---|----|-------|-------|-------|
| San Bernardino | 5 | 4 | 4 | 5 | 18 | 0.95% | 1.47% | 2.50% |
| 2009 Report | 5 | 2 | 3 | 5 | 15 | | | |

To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (Juvenile Court Judges, members of the faith community/other volunteer organizations). Successes: San Bernardino continues to collaborate with interagency departments, including Child Protective Services and Probation. San Bernardino has also increased their number of providers, as well as provided training to individuals in Family Resource Centers and to hospital liaisons. The county has determined that there are underlying agency and system barriers that are preventing youth from receiving TBS and is exploring several ways to eliminate these barriers. Between 2008 - 2010, the county more than doubled TBS utilization as measured by the 4% benchmark.

* MHP received determination of TBS equivalent programs.

**Only Level II MHPs are held to the 4% benchmark criteria.

| MHP | Completion of MHP Responsibility Form | Stakeholder Meeting | Decision Maker Meeting | Quality of Local Meeting Reports | Total Score | 4% Benchmark** | | |
|-----|---------------------------------------|---------------------|------------------------|----------------------------------|-------------|----------------|---------|---------|
| | | | | | | CY 2008 | CY 2009 | CY 2010 |
| | | | | | | Level II MHPs | | |

| | | | | | | | | |
|--------------------|---|---|---|---|----|-------|-------|-------|
| San Diego* | 5 | 5 | 4 | 5 | 19 | 1.44% | 2.35% | 5.02% |
| 2009 Report | 5 | 5 | 3 | 5 | 18 | | | |

San Diego County continues to effectively implement the Nine Point Plan. Successes: San Diego has established a Family Youth Roundtable (FYRT) program to provide family and youth partnership to San Diego Children's System of Care. Several focus groups were conducted in the county, resulting in important dialogue and increased awareness of TBS in the community. In addition, San Diego has increased their number of bi-lingual/bi-cultural TBS coaches, developed a "Wellness Notebook" and offers parent support groups to reinforce learning in the home. The county continues to engage in extensive work with youth forum groups to gain feedback about TBS and how to improve services.

| | | | | | | | | |
|--------------------|---|---|---|---|----|-------|-------|-------|
| San Joaquin | 5 | 2 | 3 | 2 | 12 | 1.17% | 0.99% | 1.02% |
| 2009 Report | 5 | 0 | 0 | 0 | 5 | | | |

To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (parents and youth, education providers, local TBS providers). Also, address the Four Questions (refer to the Nine Point Plan) in Decision Maker meeting. Successes: San Joaquin is working with Probation and Child Protective Services to increase referrals and communication between agencies. The county is also collaborating with local Juvenile Court Judges and Probation to increase TBS utilization to lower recidivism rates.

| | | | | | | | | |
|--------------------|---|---|---|---|----|-------|-------|-------|
| Sonoma | 5 | 4 | 3 | 5 | 17 | 1.14% | 1.95% | 4.33% |
| 2009 Report | 5 | 2 | 2 | 4 | 13 | | | |

To improve TBS Nine Point Plan implementation, include representatives from more groups at Decision-Maker meeting (Probation, TBS provider representatives). Successes: Through a collaboration with the Human Services Department, Sonoma now has a procedure in place for eligible children who have been placed in an "emergency shelter" to receive TBS. Plans are also in place to provide TBS trainings to Human Services staff, school psychologists and Special Education staff. In addition, both of Sonoma's TBS providers have bilingual capacity (English and Spanish). Sonoma has developed a TBS Consumer Satisfaction Survey which is being used to identify strengths and weaknesses of the TBS program.

* MHP received determination of TBS equivalent programs.

**Only Level II MHPs are held to the 4% benchmark criteria.

| MHP | Completion of MHP Responsibility Form | Stakeholder Meeting | Decision Maker Meeting | Quality of Local Meeting Reports | Total Score | 4% Benchmark** | | |
|-----|---------------------------------------|---------------------|------------------------|----------------------------------|-------------|----------------|---------|---------|
| | | | | | | CY 2008 | CY 2009 | CY 2010 |
| | | | | | | Level II MHPs | | |

| | | | | | | | | |
|--------------------|---|---|---|---|----|-------|-------|-------|
| Tulare | 5 | 4 | 5 | 5 | 19 | 0.29% | 0.54% | 2.59% |
| 2009 Report | 5 | 3 | 4 | 4 | 16 | | | |

To improve TBS Nine Point Plan implementation, include representatives from more groups at Stakeholder meeting (attorneys practicing in delinquency/dependency, members of the faith community/other volunteer organizations) and continue to work towards increasing TBS utilization as measured by the 4% benchmark. Successes: In 2010, Tulare completed trainings for all Children's Mental Health Clinics and all county Child Welfare Service Teams. Tulare also updated all policies and procedures for TBS in order to reflect the new changes in the TBS Documentation Manual. The county is also in the process of developing a TBS website to provide easy access to the TBS referral form and additional TBS related information, as well as exploring additional ways to improve TBS such as increased communication between the mental health provider and the TBS provider. Although below the 4% benchmark, during the past two years, Tulare has significantly increased TBS utilization.

Remaining Level II Counties

| | | | | | | | | |
|---------------------|---|---|---|---|----|-------|-------|-------|
| Contra Costa | 5 | 4 | 4 | 3 | 16 | | | |
| 2009 Report | 5 | 2 | 2 | 5 | 14 | 5.44% | 6.14% | 6.39% |

To improve TBS Nine Point Plan implementation, address the Four Questions in Decision-Maker meeting. Successes: Contra Costa provides a monthly TBS training for coaches and supervisors. Contra Costa is also exploring options on increasing education and involvement from families. TBS providers in Contra Costa currently have language capabilities in Spanish, Hindi, Punjabi, Swedish and Serbian. The county is also exploring expanded training for TBS providers working in schools, focusing on educational protocol, philosophy, and the practical aspects of working on a school campus. Contra Costa continues to provide TBS above the 4% benchmark.

| | | | | | | | | |
|--------------------|---|---|---|---|----|-------|-------|-------|
| Fresno | 5 | 3 | 4 | 4 | 16 | | | |
| 2009 Report | 5 | 2 | 5 | 4 | 16 | 1.47% | 1.77% | 1.20% |

To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (education providers, attorneys practicing in delinquency) and continue to increase TBS as measured by the 4% benchmark. Successes: By including parents and caregivers in local Stakeholder meetings, Fresno is utilizing personal testimonies to improve access and service delivery of TBS. Fresno is also exploring ways to improve the use of TBS in the county, including the use of a TBS video, TBS introductory packets, and collaboration with medical doctors, schools and adoption

* MHP received determination of TBS equivalent programs.

**Only Level II MHPs are held to the 4% benchmark criteria.

| MHP | Completion of MHP Responsibility Form | Stakeholder Meeting | Decision Maker Meeting | Quality of Local Meeting Reports | Total Score | 4% Benchmark** | | |
|-----|---------------------------------------|---------------------|------------------------|----------------------------------|-------------|----------------|---------|---------|
| | | | | | | CY 2008 | CY 2009 | CY 2010 |

Level II MHPs

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|--------------------|---|---|---|---|----|-------|-------|-------|
| Marin* | 5 | 3 | 4 | 4 | 16 | | | |
| 2009 Report | 5 | 2 | 2 | 5 | 14 | 2.08% | 1.13% | 4.03% |

To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (Officers of the Court involved in juvenile matters, parents and youth). Successes: Marin is currently exploring options to expand service delivery, such as implementing a TBS crisis line. Marin is also utilizing data from client satisfaction surveys and chart review discharge summaries to identify successes, as well as areas for improvement. Additionally, in an effort to increase knowledge about TBS and referrals, Marin is conducting more outreach to community providers, Probation and Social Services.

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|--------------------|---|---|---|---|---|-------|-------|-------|
| Merced | 5 | 1 | 1 | 0 | 7 | | | |
| 2009 Report | 5 | 1 | 1 | 0 | 7 | 0.31% | 0.32% | 1.93% |

To improve TBS Nine Point Plan implementation, address the Four Questions (refer to the Nine Point Plan) in local meeting reports, submit list of meeting attendees and increase TBS utilization as measured by the 4% benchmark. Successes: Merced assigned an onsite clinician at Child Welfare for easy access to screening, assessment and Specialty Mental Health Services. Merced has also established a weekly committee, open to all providers, which focuses on access to and monitoring of Specialty Mental Health Services for high-risk youth who may benefit from TBS.

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|--------------------|---|---|---|---|----|-------|-------|-------|
| Orange* | 5 | 3 | 4 | 5 | 17 | | | |
| 2009 Report | 5 | 1 | 1 | 4 | 11 | 2.47% | 2.82% | 5.09% |

To improve TBS Nine Point Plan implementation, include representatives from more groups at Stakeholder meeting (parents and youth, Officers of the Court involved in juvenile matters). Successes: Orange continues to increase outreach and education efforts regarding TBS. Orange is also addressing such issues as TBS and the Juvenile Hall population, coordination of care and aftercare. The county is exploring many ways to improve the use of TBS, including service integration with local schools, on-going training of TBS coaches and an apprenticeship program to learn working skills for Transitional Aged Youth (TAY).

* MHP received determination of TBS equivalent programs.

**Only Level II MHPs are held to the 4% benchmark criteria.

| MHP | Completion of MHP Responsibility Form | Stakeholder Meeting | Decision Maker Meeting | Quality of Local Meeting Reports | Total Score | 4% Benchmark** | | |
|-----|--|------------------------|------------------------------|---|----------------|----------------|---------|---------|
| | | | | | | CY 2008 | CY 2009 | CY 2010 |
| | | | | | | Level II MHPs | | |

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|-----------------------|---|---|---|---|----|-------|-------|-------|
| Placer/Sierra* | 5 | 3 | 3 | 4 | 15 | | | |
| 2009 Report | 5 | 1 | 5 | 4 | 15 | 0.78% | 2.02% | 5.58% |

To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (education providers, chief probation officer or deputy chief of juvenile probation). Successes: Placer-Sierra continues to increase awareness of TBS through presentations, brochures, and discussions in both formal and informal meetings throughout the community. In addition, Placer-Sierra has implemented several new processes to increase TBS utilization, including system-wide collaborative treatment plan meetings and the inclusion of TBS discussions at Placement Review Team (PRT) meetings. Placer-Sierra has also developed their internal resources for providing TBS, which has included providing multiple TBS trainings for staff.

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|--------------------|---|---|---|---|----|-------|-------|-------|
| Riverside* | 5 | 4 | 4 | 5 | 18 | | | |
| 2009 Report | 5 | 2 | 3 | 1 | 11 | 2.13% | 2.63% | 4.07% |

To improve TBS Nine Point Plan implementation, submit attendance sheets from local meetings. Successes: Riverside has been extremely successful in increasing collaboration between Mental Health and Child Welfare Services, Probation, Education and the Court. Riverside has also addressed cultural competency issues associated with TBS, including language barriers and cultural awareness. In addition, parent and youth surveys have been utilized to measure outcomes and satisfaction. Riverside continues to raise awareness about TBS through educational presentations and community outreach.

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|--------------------|---|---|---|---|----|-------|-------|-------|
| Sacramento* | 5 | 4 | 5 | 5 | 19 | | | |
| 2009 Report | 5 | 2 | 3 | 4 | 14 | 2.63% | 3.16% | 4.44% |

To improve TBS Nine Point Plan implementation, include parents and youth at local meetings. Successes: Sacramento has identified potential barriers to accessing TBS and is working to eliminate them. Sacramento is also exploring partnerships with several agencies, including community centers, local high schools, parent advocates and faith-based organizations. The county continues to train and educate various stakeholder groups, including Probation, Child Protective Services and Dependency Court staff. Sacramento had one of the highest turnouts of attendees at both the Stakeholder and Decision-Maker meetings.

* MHP received determination of TBS equivalent programs.

**Only Level II MHPs are held to the 4% benchmark criteria.

| MHP | Completion of MHP Responsibility Form | Stakeholder Meeting | Decision Maker Meeting | Quality of Local Meeting Reports | Total Score | 4% Benchmark** | | |
|---------------|---------------------------------------|---------------------|------------------------|----------------------------------|-------------|----------------|---------|---------|
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| Level II MHPs | | | | | | | | |
| | | | | | | CY 2008 | CY 2009 | CY 2010 |

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|--|---|---|---|---|----|-------|-------|-------|
| San Francisco* | 5 | 3 | 3 | 5 | 16 | | | |
| 2009 Report | 5 | 3 | 1 | 3 | 12 | 2.64% | 2.93% | 6.55% |
| To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings. Successes: San Francisco exceeded the 4% benchmark in CY 2010 with a combination of TBS and TBS equivalent services. San Francisco continues to explore new ways to increase TBS utilization, including implementing strategies to engage foster parents and families, conducting outreach to Team Decision Making facilitators and implementing a practice that would ensure TBS eligible youth are in enrolled in TBS prior to a placement move. During 2010, San Francisco provided TBS outreach, education, training and consultation to 34 different agencies and organizations. | | | | | | | | |

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|--|---|---|---|---|----|-------|-------|-------|
| San Luis Obispo | 5 | 4 | 5 | 4 | 18 | | | |
| 2009 Report | 5 | 2 | 5 | 4 | 16 | 5.50% | 5.87% | 4.18% |
| To improve TBS Nine Point Plan implementation, include more representatives at local Stakeholder meetings (Officers of the Court involved in juvenile matters, members of the faith community). Successes: Through outreach and interagency collaboration, the county has done a commendable job of expelling myths surrounding TBS. San Luis Obispo extended an invitation to give TBS presentations to staff at various county agencies, and is also exploring the option of presenting to teacher workshops at the beginning of each school year. As a result of positive collaboration and communication with System of Care, at-risk youth and their families continue to receive multiagency coordinated services in San Luis Obispo County. | | | | | | | | |

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| San Mateo | 5 | 4 | 4 | 4 | 17 | | | |
| 2009 Report | 5 | 3 | 3 | 4 | 15 | 3.28% | 2.91% | 4.80% |
| To improve TBS Nine Point Plan implementation, include representatives from more groups at Decision-Maker meeting (Juvenile Court Judge, parent/child advocate representatives). Successes: San Mateo has made outreach efforts to target underserved populations identified in previous meetings, including Transitional Age Youth and Pre-to-Three children. Outreach has also been conducted with Family Partners in order to gain support and assistance in outreaching to families. San Mateo "took TBS on the road" in 2010 to connect with various programs, departments and agencies. During these outreach meetings, discussions were held regarding how TBS can be more effectively accessed by eligible youth. | | | | | | | | |

* MHP received determination of TBS equivalent programs.

**Only Level II MHPs are held to the 4% benchmark criteria.

| MHP | Completion of MHP Responsibility Form | Stakeholder Meeting | Decision Maker Meeting | Quality of Local Meeting Reports | Total Score | 4% Benchmark** | | |
|-----|--|------------------------|------------------------------|---|----------------|----------------|---------|---------|
| | | | | | | CY 2008 | CY 2009 | CY 2010 |
| | Level II MHPs | | | | | | | |

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|---|---|---|---|---|----|-------|-------|-------|
| Santa Barbara | 5 | 4 | 4 | 4 | 17 | | | |
| 2009 Report | 5 | 2 | 2 | 4 | 13 | 5.71% | 5.82% | 5.97% |
| To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (education providers, Officers of the Court involved in juvenile matters). Successes: Santa Barbara has identified barriers to accessing TBS in the community and continues to work to eliminate them, as well as increase outreach and public education about mental health services within the community. Santa Barbara has included parents and youth who have received TBS in their local meetings, which has allowed them to gain valuable feedback regarding what is and what is not working. | | | | | | | | |

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| Santa Clara | 5 | 4 | 4 | 5 | 18 | | | |
| 2009 Report | 5 | 2 | 1 | 5 | 13 | 5.32% | 5.92% | 6.36% |
| To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (parents and youth, education providers). Santa Clara remains above the 4% TBS utilization benchmark. The county received approval from DMH to change the four questions at their local meetings to focus on TBS in a juvenile hall setting and TBS for children aged 0-5. Santa Clara continues to work to identify and remove barriers that are preventing eligible youth from receiving TBS. The county is exploring different strategies to ensure the successful transition of youth from Juvenile Hall to the home. | | | | | | | | |

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| Santa Cruz* | 5 | 3 | 3 | 4 | 15 | | | |
| 2009 Report | 5 | 3 | 3 | 4 | 15 | 0.42% | 0.61% | 5.22% |
| To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings. Successes: Santa Cruz is exploring ways to increase program collaboration to improve TBS, such as using more family friendly language in TBS materials and increasing communication between the referral source and the provider. The county continues to provide outreach about TBS by distributing information to group homes, physician offices, mental health agencies and schools. Santa Cruz received permission from DMH to change the four questions at their local meetings in order to focus on how to increase collaboration between county programs. | | | | | | | | |

* MHP received determination of TBS equivalent programs.

**Only Level II MHPs are held to the 4% benchmark criteria.

| MHP | Completion of MHP Responsibility Form | Stakeholder Meeting | Decision Maker Meeting | Quality of Local Meeting Reports | Total Score | 4% Benchmark** | | |
|-----|--|------------------------|------------------------------|---|----------------|----------------|---------|---------|
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| | | | | | | Level II MHPs | | |

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|---|---|---|---|---|----|-------|-------|-------|
| Solano | 5 | 4 | 5 | 5 | 19 | 1.53% | 1.42% | 1.94% |
| 2009 Report | 5 | 5 | 1 | 5 | 16 | | | |
| To improve TBS Nine Point Plan implementation, continue to increase TBS utilization as measured by the 4% benchmark. Successes: Solano utilized the Data Dashboard, as well as additional TBS data at local Stakeholder meetings. Solano continues to work closely with partner agencies and is expanding outreach efforts to reach more child advocacy groups, school districts and community based organizations. On-going collaboration with Child Welfare Services and Probation over the past year has led to increased awareness and utilization of services. Solano has also been working with JDT Consultants to provide TBS training to clinicians, specialists and supervisors. | | | | | | | | |

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|---|---|---|---|---|----|-------|-------|-------|
| Stanislaus* | 5 | 3 | 4 | 4 | 16 | 1.60% | 1.87% | 4.29% |
| 2009 Report | 5 | 3 | 3 | 4 | 15 | | | |
| To improve TBS Nine Point Plan implementation, include representatives from more groups at meetings (education providers, Officers of the Court involved in Juvenile matters). Successes: Stanislaus continues to outreach to those populations which have been underserved in the past. In addition, there has been significant growth of TBS to those youth in Juvenile Justice, as collaboration with Probation continues to increase. Stanislaus has also been working with the Stanislaus Transitional Age Youth partnership, which is a collaboration of providers, consumers, advocates and family members whose focus is the needs of TAY in the community. | | | | | | | | |

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| Ventura | 5 | 4 | 4 | 5 | 18 | 7.48% | 6.65% | 6.04% |
| 2009 Report | 5 | 2 | 1 | 4 | 12 | | | |
| To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (Juvenile Court Judge, attorneys practicing in delinquency and dependency court). Successes: Ventura has utilized a number of parent focus groups and forums to solicit information and feedback from parents regarding their experiences with TBS. In addition, Ventura has collaborated with provider agencies, specifically Casa Pacifica, to facilitate trainings for TBS providers and clinicians. The county is implementing Child and Adolescent Level of Care Utilization System outcome measures to assess if children are receiving the intended benefits of TBS and to assist in guiding TBS treatment. Ventura County continues to exceed the 4% benchmark for TBS. | | | | | | | | |

* MHP received determination of TBS equivalent programs.

**Only Level II MHPs are held to the 4% benchmark criteria.

| MHP | Completion of MHP Responsibility Form | Stakeholder Meeting | Decision Maker Meeting | Quality of Local Meeting Reports | Total Score | CY 2008 | | | CY 2009 | | | CY 2010 | | |
|-----|---------------------------------------|---------------------|------------------------|----------------------------------|-------------|--------------|--|--|---------|--|--|---------|--|--|
| | | | | | | Level I MHPs | | | | | | | | |

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|--|---|---|---|---|----|--|--|-------|--|--|-------|--|--|-------|
| Alpine | 5 | 3 | 3 | 4 | 15 | | | | | | | | | |
| 2009 Report | 5 | 2 | 2 | 4 | 13 | | | 0.00% | | | 0.00% | | | 0.00% |
| To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (family and youth, officers of the court involved in juvenile matters). Successes: Although TBS has not previously been utilized in Alpine County, the county continually provides active outreach and mental health services and supports to assist children and youth in achieving positive outcomes and remaining at home. Information about TBS, including brochures, contact information and program summaries are available throughout the community. In addition, TBS is regularly discussed at staff, multidisciplinary and county meetings. | | | | | | | | | | | | | | |

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|---|---|---|---|---|----|--|--|-------|--|--|-------|--|--|-------|
| Amador | 5 | 4 | 3 | 3 | 15 | | | | | | | | | |
| 2009 Report | 5 | 2 | 2 | 4 | 13 | | | 0.00% | | | 0.92% | | | 0.92% |
| To improve TBS Nine Point Plan implementation, include representatives from more groups at meetings (attorneys practicing in delinquency and dependency, Juvenile Court Judge). Successes: Amador has established contracts with provider agencies in order to increase access to TBS. They continue to educate collateral service providers and parents about how to access TBS within the county. | | | | | | | | | | | | | | |

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| Calaveras | 5 | 4 | 4 | 4 | 17 | | | | | | | | | |
| 2009 Report | 5 | 2 | 2 | 4 | 13 | | | 2.15% | | | 2.56% | | | 2.05% |
| To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (education providers, Officers of the Court involved in juvenile matters). Successes: Calaveras continues to work with JDT Consultants to improve the delivery of TBS, including the hiring of additional TBS coaches, both male and female. The county is also devoting more attention to early intervention in order to prevent behaviors from becoming more serious. Calaveras had participation at their Stakeholder meeting from both a parent and a youth who shared their experience with receiving TBS. | | | | | | | | | | | | | | |

* MHP received determination of TBS equivalent programs.
 **Only Level II MHPs are held to the 4% benchmark criteria.

| MHP | Completion of MHP Responsibility Form | Stakeholder Meeting | Decision Maker Meeting | Quality of Local Meeting Reports | Total Score | Level I MHPs | | |
|--|---------------------------------------|---------------------|------------------------|----------------------------------|-------------|--------------|---------|---------|
| | | | | | | CY 2008 | CY 2009 | CY 2010 |
| Colusa | 4 | 0 | 0 | 0 | 4 | 0.00% | 0.00% | 0.00% |
| 2009 Report | 0 | 0 | 0 | 0 | 0 | | | |
| To improve TBS Nine Point Plan implementation, submit local meeting reports. DMH has contacted Colusa County regarding their missing meeting reports, but has received no response. | | | | | | | | |
| Del Norte | 5 | 3 | 3 | 3 | 14 | 0.49% | 0.28% | 1.10% |
| 2009 Report | 5 | 1 | 1 | 0 | 7 | | | |
| To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (parents and youth, Officers of the Court involved in juvenile matters) and continue to work to increase TBS utilization as measured by the 4% benchmark. Successes: Del Norte has shown increases in TBS utilization over the past two years. In fiscal year (FY) 08-09, Del Norte provided TBS to zero children, but in FY 09-10, TBS was provided to five children. Del Norte continues to educate service providers and the community about TBS. | | | | | | | | |
| El Dorado | 5 | 4 | 4 | 4 | 17 | 0.36% | 0.60% | 1.08% |
| 2009 Report | 5 | 1 | 1 | 0 | 7 | | | |
| To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (attorneys practicing in delinquency, members of the faith community and other volunteer organizations.) Successes: El Dorado utilized the state Data Dashboard, as well as additional in-house data at their Stakeholder meeting. El Dorado continues to work with partner agencies to provide TBS training to both county staff and private contractors and has continued to steadily increase TBS utilization in recent years. | | | | | | | | |

* MHP received determination of TBS equivalent programs.

**Only Level II MHPs are held to the 4% benchmark criteria.

| MHP | Completion of MHP Responsibility Form | Stakeholder Meeting | Decision Maker Meeting | Quality of Local Meeting Reports | Total Score | Level I MHPs | | |
|-----|---------------------------------------|---------------------|------------------------|----------------------------------|-------------|--------------|---------|---------|
| | | | | | | CY 2008 | CY 2009 | CY 2010 |

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|---|--|---|---|---|---|----|-------|-------|
| Glenn | | 5 | 4 | 3 | 4 | 16 | | |
| 2009 Report | | 5 | 2 | 2 | 4 | 13 | 2.68% | 1.87% |
| To improve TBS Nine Point Plan implementation, include representatives from more groups at meetings (education providers, parents and youth). Successes: Glenn continues to discuss TBS at monthly Management and Planning Team meetings, as well as at other collaborative meetings with partner agencies. In addition, Glenn has updated their TBS brochures to make them more user-friendly. | | | | | | | | |

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|---|--|---|---|---|---|----|-------|-------|
| Humboldt | | 5 | 4 | 5 | 4 | 18 | | |
| 2009 Report | | 5 | 2 | 3 | 4 | 14 | 1.25% | 1.64% |
| To improve TBS Nine Point Plan implementation, include representatives from more groups at meetings (parents and youth, members of the faith community/volunteer organizations). Successes: Humboldt continues to increase community outreach and public education about TBS. Attendance at local meetings has increased from previous years as more Stakeholders have become aware of TBS. Humboldt is also working to "de-centralize" access to Early and Periodic Screening, Diagnosis and Treatment services in regions of the county where needs have been identified. | | | | | | | | |

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|---|--|---|---|---|---|----|-------|-------|
| Imperial | | 5 | 3 | 4 | 4 | 16 | | |
| 2009 Report | | 5 | 2 | 2 | 4 | 13 | 0.06% | 0.21% |
| To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (parents and youth, Juvenile Court Judge) and continue to work towards increasing TBS. Successes: Imperial has increased TBS numbers from previous years and is working to improve communication and collaboration among placing agencies and to increase coordination of services for TBS. | | | | | | | | |

* MHP received determination of TBS equivalent programs.

**Only Level II MHPs are held to the 4% benchmark criteria.

| MHP | Completion of MHP Responsibility Form | Stakeholder Meeting | Decision Maker Meeting | Quality of Local Meeting Reports | Total Score | Level I MHPs | | |
|-----|---------------------------------------|---------------------|------------------------|----------------------------------|-------------|--------------|---------|---------|
| | | | | | | CY 2008 | CY 2009 | CY 2010 |

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|--|--|---|---|---|---|----|-------|-------|
| Inyo | | 5 | 3 | 3 | 2 | 13 | | |
| 2009 Report | | 5 | 3 | 2 | 4 | 14 | 0.75% | 0.76% |
| To improve TBS Nine Point Plan implementation, include representatives from more groups at local meeting (education providers, Officers of the Court involved in juvenile matters). Also, address the Four Questions (refer to Nine Point Plan) in local meetings. Successes: Inyo has significantly increased parent and youth involvement in local meetings and is collaborating with family members and caregivers to assist in creating support groups and additional resources for parents. | | | | | | | | |

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|---|--|---|---|---|---|----|-------|-------|
| Kings | | 5 | 2 | 4 | 2 | 13 | | |
| 2009 Report | | 5 | 2 | 1 | 4 | 12 | 0.70% | 0.41% |
| To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (parents and youth, education providers). Also, continue to work towards increasing TBS utilization. Successes: Kings continues to collaborate with Probation and has also identified ways to increase access and utilization, such as streamlining services, providing services in outlying areas and working with parents to educate and empower. | | | | | | | | |

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|---|--|---|---|---|---|----|-------|-------|
| Lake | | 4 | 4 | 1 | 0 | 9 | | |
| 2009 Report | | 5 | 3 | 1 | 2 | 11 | 1.04% | 0.61% |
| To improve TBS Nine Point Plan implementation, address the Four Questions (refer to the Nine Point Plan) in local meetings. Also, submit Decision-Maker meeting report when completed. Successes: Lake County held their Stakeholder meeting at the combined meeting of the Healthy Start Collaborative and the Lake County Children's Council, which has the highest number of stakeholders present of any meetings held in Lake County. | | | | | | | | |

* MHP received determination of TBS equivalent programs.
 **Only Level II MHPs are held to the 4% benchmark criteria.

| MHP | Completion of MHP Responsibility Form | Stakeholder Meeting | Decision Maker Meeting | Quality of Local Meeting Reports | Total Score | Level I MHPs | | |
|-----|---------------------------------------|---------------------|------------------------|----------------------------------|-------------|--------------|---------|---------|
| | | | | | | CY 2008 | CY 2009 | CY 2010 |

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|--------------------|---|---|---|---|----|-------|-------|-------|
| Lassen | 5 | 2 | 4 | 4 | 15 | | | |
| 2009 Report | 5 | 4 | 4 | 2 | 15 | 0.00% | 0.00% | 0.38% |

To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (parents and youth, education providers). Successes: During CY 2005-2009, Lassen County did not provide any TBS, but in CY 2010, the county successfully utilized TBS. Also, in February 2010, a Wraparound program was implemented in the county. Lassen continues to provide education to families about TBS and dispel myths that surround the service.

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|--------------------|---|---|---|---|----|-------|-------|-------|
| Madera | 5 | 3 | 5 | 3 | 16 | | | |
| 2009 Report | 3 | 0 | 0 | 0 | 3 | 0.29% | 0.96% | 0.53% |

To improve TBS Nine Point Plan implementation, continue to work towards increasing TBS utilization. Successes: Madera continues to provide outreach to the community regarding TBS, both in English and Spanish. The county has been successful in increasing collaboration with partner agencies, including Social Services, Education and Juvenile Justice. Madera also incorporated county data and statistical information into their local TBS discussions.

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|--------------------|---|---|---|---|----|-------|-------|-------|
| Mariposa | 5 | 4 | 3 | 4 | 16 | | | |
| 2009 Report | 0 | 0 | 0 | 0 | 0 | 0.00% | 0.00% | 0.81% |

To improve TBS Nine Point Plan implementation, include more representatives at local meetings (parents and youth, attorneys practicing in delinquency and dependency court). Successes: Mariposa is providing several TBS equivalent services, which has decreased the number of youth crisis cases. Through collaborative meetings and outreach about TBS and TBS alternative services, Mariposa has prevented many out-of-home placements and reduced the number of youth entering the juvenile justice system.

* MHP received determination of TBS equivalent programs.
 **Only Level II MHPs are held to the 4% benchmark criteria.

| MHP | Completion of MHP Responsibility Form | Stakeholder Meeting | Decision Maker Meeting | Quality of Local Meeting Reports | Total Score | Level I MHPs | | |
|-----|---------------------------------------|---------------------|------------------------|----------------------------------|-------------|--------------|---------|---------|
| | | | | | | CY 2008 | CY 2009 | CY 2010 |

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|--------------------|---|---|---|---|----|-------|-------|-------|
| Mendocino | 5 | 3 | 4 | 4 | 16 | 2.23% | 2.54% | 3.22% |
| 2009 Report | 5 | 2 | 3 | 4 | 14 | | | |

To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (parents and youth, education providers, probation). Successes: Mendocino continues to increase TBS utilization. The TBS access and referral structure has improved over the past year as a result of increased conversation and education with community partners. Additionally, Health and Human Services Agency integration has improved staff availability to support increased demand.

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| Modoc | 5 | 1 | 1 | 0 | 7 | 0.00% | 0.00% | 0.00% |
| 2009 Report | 5 | 1 | 1 | 0 | 7 | | | |

To improve TBS Nine Point Plan implementation, submit local meeting reports. Modoc County has confirmed convening both a Stakeholder and a Decision-Maker meeting in 2010, but has not yet submitted the meeting reports to DMH.

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|--------------------|---|---|---|---|----|-------|-------|-------|
| Mono | 5 | 2 | 4 | 1 | 12 | 0.00% | 0.00% | 0.00% |
| 2009 Report | 5 | 0 | 2 | 0 | 7 | | | |

To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (parents and youth, officers of the Court involved in juvenile matters). Also, address the Four Questions (refer to Nine Point Plan) in local meetings. Successes: Although Mono currently has no TBS recipients in the county, several TBS alternative services are available for youth who need them. Mono is in communication with other county organizations and programs to spread the word about TBS and identify potentially eligible youth.

* MHP received determination of TBS equivalent programs.

**Only Level II MHPs are held to the 4% benchmark criteria.

| MHP | Completion of MHP Responsibility Form | Stakeholder Meeting | Decision Maker Meeting | Quality of Local Meeting Reports | Total Score | Level I MHPs | | |
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| | | | | | | CY 2008 | CY 2009 | CY 2010 |

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|--------------------|--|---|---|---|---|----|-------|-------|
| Napa | | 5 | 4 | 4 | 5 | 18 | | |
| 2009 Report | | 5 | 2 | 5 | 4 | 16 | 3.13% | 4.48% |

Napa continues to implement the Nine Point Plan and increase TBS utilization. Successes: Napa is currently providing TBS above the 4% benchmark. The county also provides bilingual services to all clients who require them. As a result of the Stakeholder meeting, Napa established an interagency committee to develop an on-going cross-training program designed to share information on service availability and access. The committee is comprised of individuals from Mental Health, Child Welfare Services and Probation. Napa continues to explore ways to improve the use of TBS, such as expanding mental health assessments in Juvenile Hall and working with Probation on early identification to avert unnecessary placements and hospitalizations.

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|--------------------|--|---|---|---|---|----|-------|-------|
| Nevada | | 4 | 3 | 5 | 2 | 14 | | |
| 2009 Report | | 5 | 1 | 5 | 4 | 15 | 0.55% | 0.85% |

To improve TBS Nine Point Plan implementation, include representatives from more groups at local Stakeholder meeting (parents and youth, members of the faith community and other volunteer organizations). Successes: Despite a lack of TBS providers in the county, Nevada is working to increase referrals and the number of staff who are able to provide TBS. The county continues to have success with its Wraparound program, which is an alternative to TBS and has prevented many out-of-home placements and higher levels of care for clients.

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|--------------------|--|---|---|---|---|---|-------|-------|
| Plumas | | 4 | 2 | 2 | 1 | 9 | | |
| 2009 Report | | 5 | 1 | 1 | 0 | 7 | 0.00% | 0.00% |

To improve TBS Nine Point Plan implementation, include more representatives at local meetings (family and youth, education providers). Also submit separate reports for Stakeholder and Decision-Maker meetings and address the Four Questions (refer to the Nine Point Plan) in local meetings. Successes: Plumas developed a presentation on TBS for Social Services workers, as well as shared TBS materials with Probation. The MHP Director also made a presentation on TBS to the Mental Health Commission.

* MHP received determination of TBS equivalent programs.

**Only Level II MHPs are held to the 4% benchmark criteria.

| MHP | Completion of MHP Responsibility Form | Stakeholder Meeting | Decision Maker Meeting | Quality of Local Meeting Reports | Total Score | Level I MHPs | | |
|-----|---------------------------------------|---------------------|------------------------|----------------------------------|-------------|--------------|---------|---------|
| | | | | | | CY 2008 | CY 2009 | CY 2010 |

| | | | | | | | | |
|--------------------|---|---|---|---|----|-------|-------|-------|
| San Benito | 5 | 3 | 3 | 3 | 14 | 1.38% | 0.00% | 0.31% |
| 2009 Report | 5 | 2 | 2 | 4 | 13 | | | |

To improve TBS Nine Point Plan implementation, include representatives from more groups at meetings (education providers, attorneys practicing in delinquency and dependency). Also, submit separate reports for Stakeholder and Decision Maker meetings. Successes: San Benito updated their TBS brochures to make them more user-friendly. In addition, the brochures are distributed in key locations throughout the city and are available in Spanish, as well. Training is provided on an on-going basis to keep staff up-to-date on TBS and available providers in the community.

| | | | | | | | | |
|--------------------|---|---|---|---|----|-------|-------|-------|
| Shasta | 5 | 2 | 2 | 4 | 13 | 1.03% | 1.35% | 1.17% |
| 2009 Report | 5 | 2 | 3 | 2 | 12 | | | |

To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (education providers, parents and youth, probation officers). Shasta is working to increase outreach and education about TBS within the community. As a result of the Stakeholder meeting, the MHP will be providing an in-service training to staff in the Women, Infants, and Children (WIC) program.

| | | | | | | | | |
|--------------------|---|---|---|---|----|-------|-------|-------|
| Siskiyou | 5 | 4 | 5 | 5 | 19 | 1.79% | 2.09% | 2.53% |
| 2009 Report | 0 | 0 | 0 | 0 | 0 | | | |

To improve TBS Nine Point Plan implementation, include parents and youth at local meetings. Success: During the past year, Siskiyou has made impressive and significant strides in increasing awareness of TBS. Collaboration between partner agencies in the county is strong, which is reinforced by attendance and participation in local meetings. Siskiyou is also making efforts to streamline the intake process and improve the timeline for placement.

* MHP received determination of TBS equivalent programs.

**Only Level II MHPs are held to the 4% benchmark criteria.

| MHP | Completion of MHP Responsibility Form | Stakeholder Meeting | Decision Maker Meeting | Quality of Local Meeting Reports | Total Score | Level I MHPs | | |
|-----|---------------------------------------|---------------------|------------------------|----------------------------------|-------------|--------------|---------|---------|
| | | | | | | CY 2008 | CY 2009 | CY 2010 |

| | | | | | | | | |
|--------------------|---|---|---|---|----|-------|-------|-------|
| Sutter/Yuba | 5 | 2 | 4 | 3 | 14 | | | |
| 2009 Report | 5 | 2 | 3 | 2 | 12 | 0.36% | 0.50% | 0.42% |

To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (parents and youth, attorneys practicing in delinquency and dependency court). Successes: The MHP has made itself available to provide TBS training to any agency or interested group in the area. The county has also made all points of entry and all clinicians available to make TBS referrals and continues to explore ways to reduce the barrier of parental hesitation regarding TBS.

| | | | | | | | | |
|--------------------|---|---|---|---|----|-------|-------|-------|
| Tehama | 5 | 2 | 3 | 2 | 12 | | | |
| 2009 Report | 5 | 1 | 1 | 0 | 7 | 0.17% | 0.67% | 1.50% |

To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (education providers, local TBS providers, parents and youth). Successes: Tehama has added an additional TBS provider and is exploring options to improve outreach to youth, parents and caregivers.

| | | | | | | | | |
|--------------------|---|---|---|---|----|-------|-------|-------|
| Trinity | 5 | 3 | 4 | 4 | 16 | | | |
| 2009 Report | 5 | 2 | 3 | 5 | 15 | 0.00% | 0.00% | 0.78% |

To improve TBS Nine Point Plan implementation, include representatives from more groups at meetings (group home providers and/or foster parents, Officers of the Court involved in Juvenile matters). Successes: Trinity established a contract with a new provider in 2010 in order to provide TBS to Emily Q class members. In addition, collaboration between agencies continues to improve.

| | | | | | | | | |
|--------------------|---|---|---|---|----|-------|-------|-------|
| Tuolumne | 5 | 3 | 4 | 4 | 16 | | | |
| 2009 Report | 5 | 2 | 3 | 3 | 13 | 0.00% | 0.00% | 1.55% |

To improve TBS Nine Point Plan implementation, include representatives from more groups at local meetings (parents and youth, presiding Judge of the Juvenile Court). Successes: Prior to 2010, there were no TBS recipients in Tuolumne County. In CY 2010, Tuolumne provided TBS services to four recipients, all of whom avoided out-of-home placements. Tuolumne continues to work at expanding outreach and creating partnerships within the community. The county is currently working on contracting with an outside agency in order to increase their capacity for providing TBS.

* MHP received determination of TBS equivalent programs.

**Only Level II MHPs are held to the 4% benchmark criteria.

| MHP | Completion of MHP Responsibility Form | Stakeholder Meeting | Decision Maker Meeting | Quality of Local Meeting Reports | Total Score | CY 2008 | | | CY 2009 | | | CY 2010 | | |
|--|---------------------------------------|---------------------|------------------------|----------------------------------|-------------|--------------|--|--|---------|--|--|---------|--|--|
| | | | | | | Level I MHPs | | | | | | | | |
| Yolo | 5 | 4 | 5 | 4 | 18 | | | | | | | | | |
| 2009 Report | 5 | 2 | 3 | 4 | 14 | | | | | | | | | |
| To improve TBS Nine Point Plan implementation, continue to increase TBS utilization. Also, include more parents and youth in local meeting conversations. Successes: Yolo County continues to work on increasing communication among referring parties and between the primary mental health provider and the TBS provider. The county is also increasing outreach efforts and service provision to 0-5 aged children, TAY and youth at risk of hospitalization. | | | | | | | | | | | | | | |

* MHP received determination of TBS equivalent programs.

**Only Level II MHPs are held to the 4% benchmark criteria.

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EXHIBIT "C" TO SPECIAL MASTER'S FINAL REPORT – COUNTY MHP AND STATE
DATA DASHBOARDS – *PART ONE*: STATE AND LEVEL II DASHBOARDS

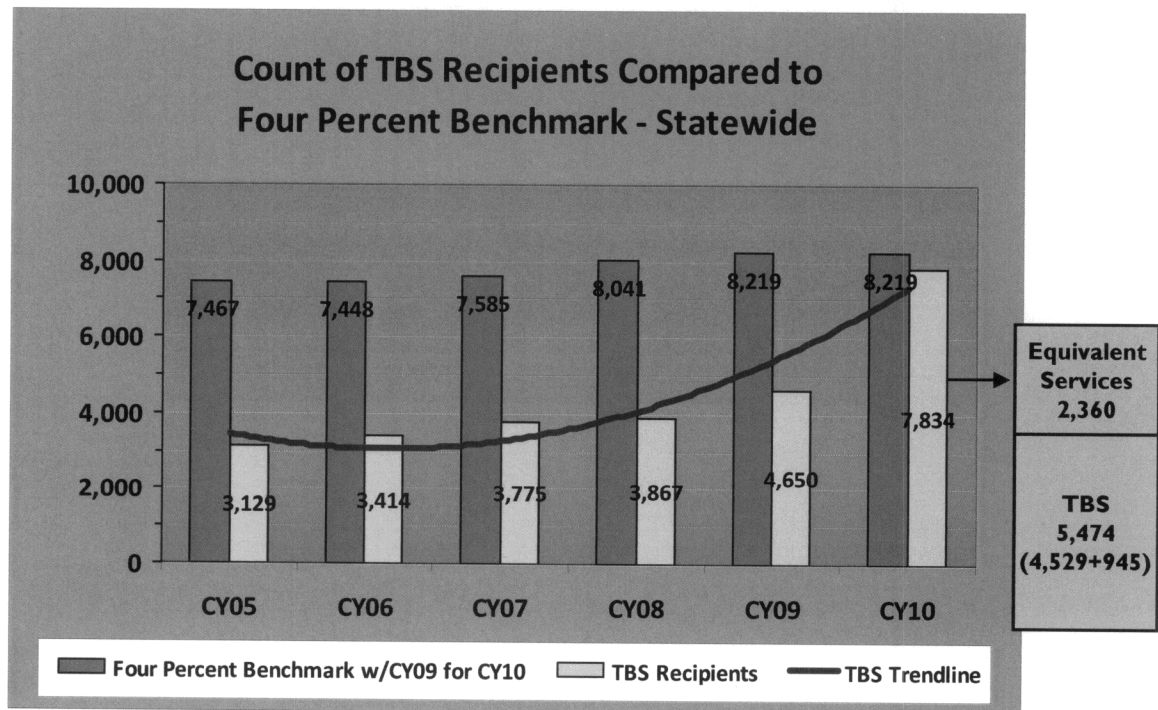
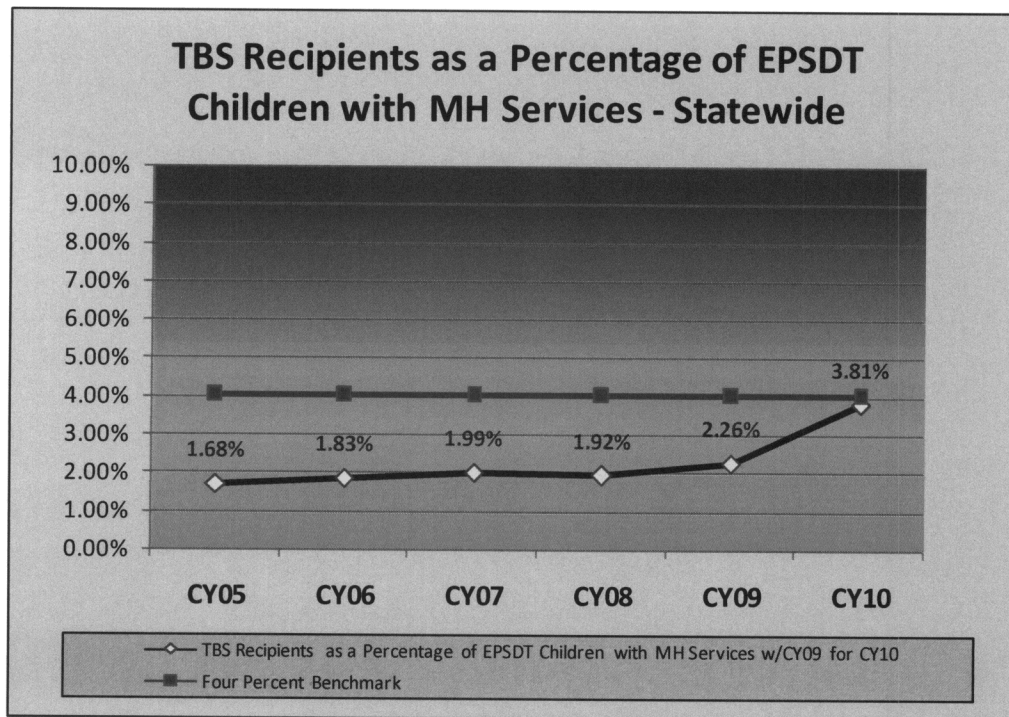
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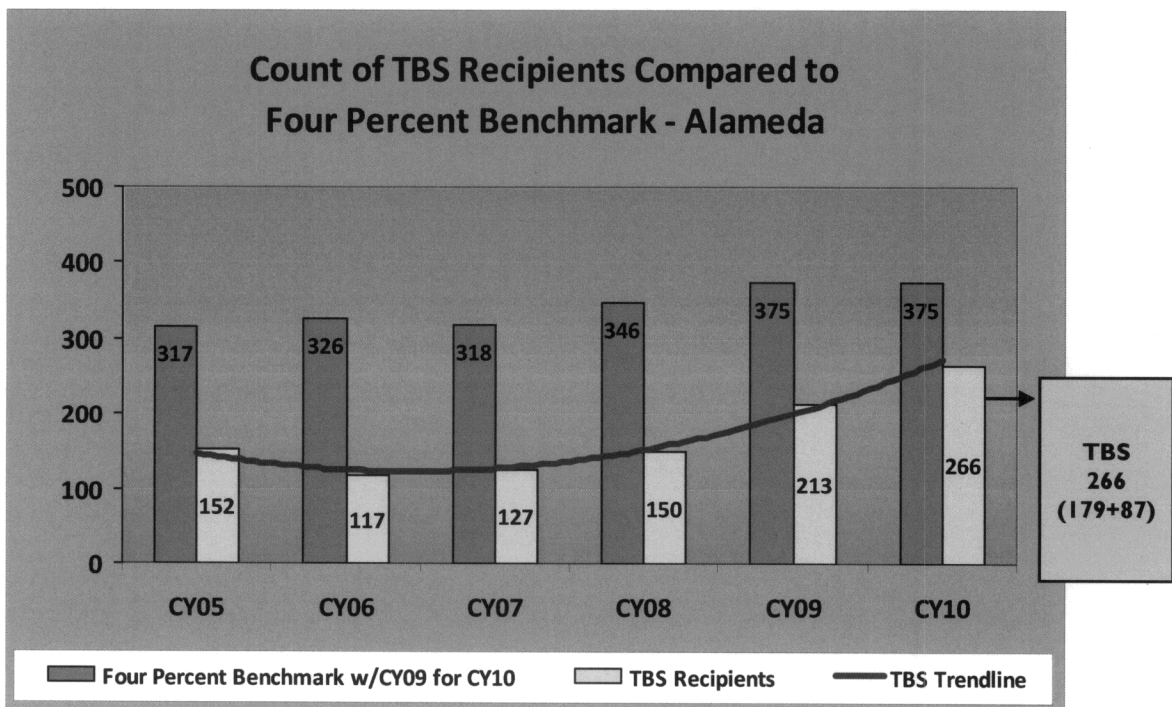
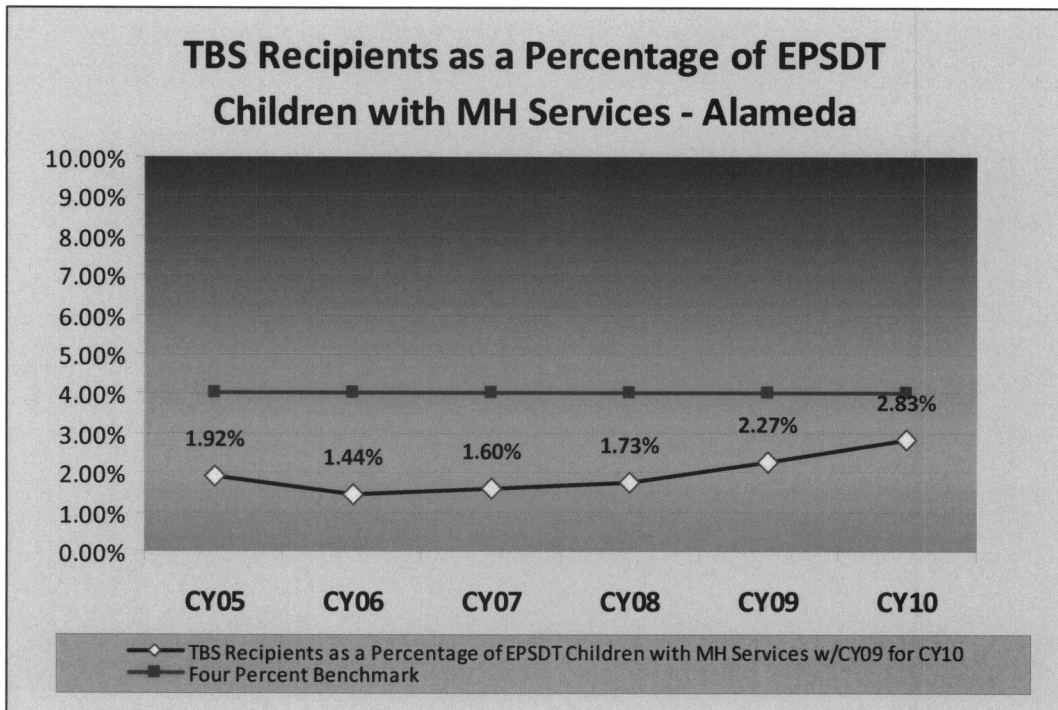
Exhibit C: County MHP and State Data Dashboards – Levels I and II

4

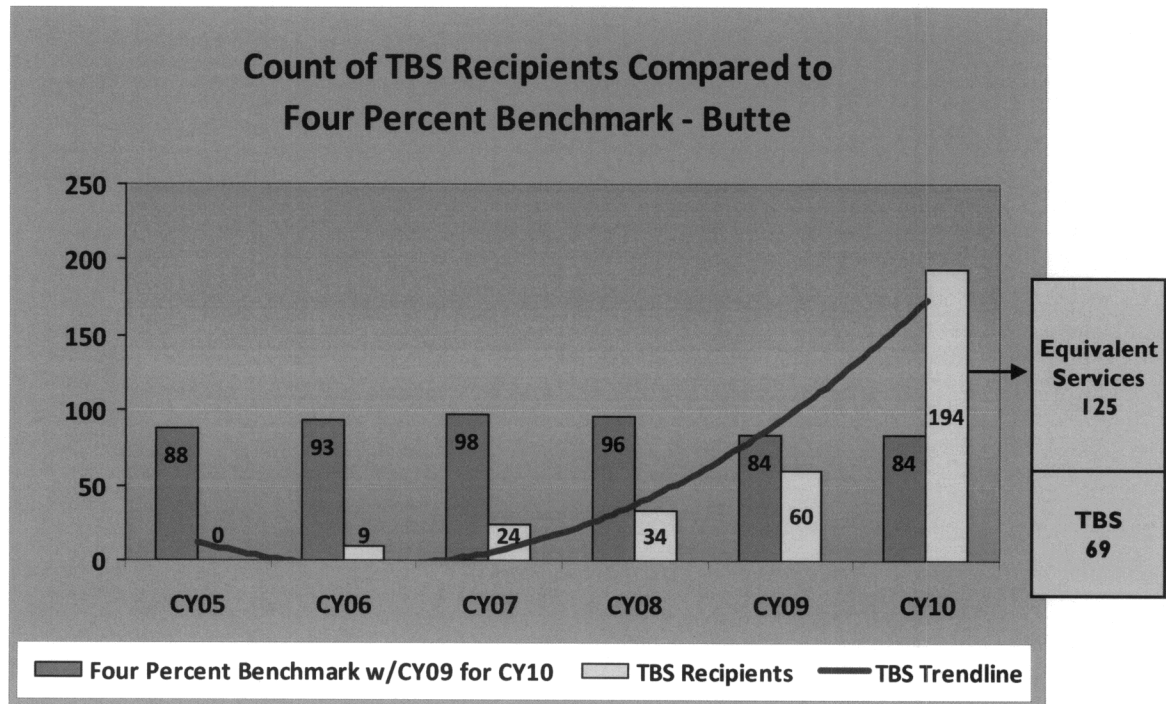
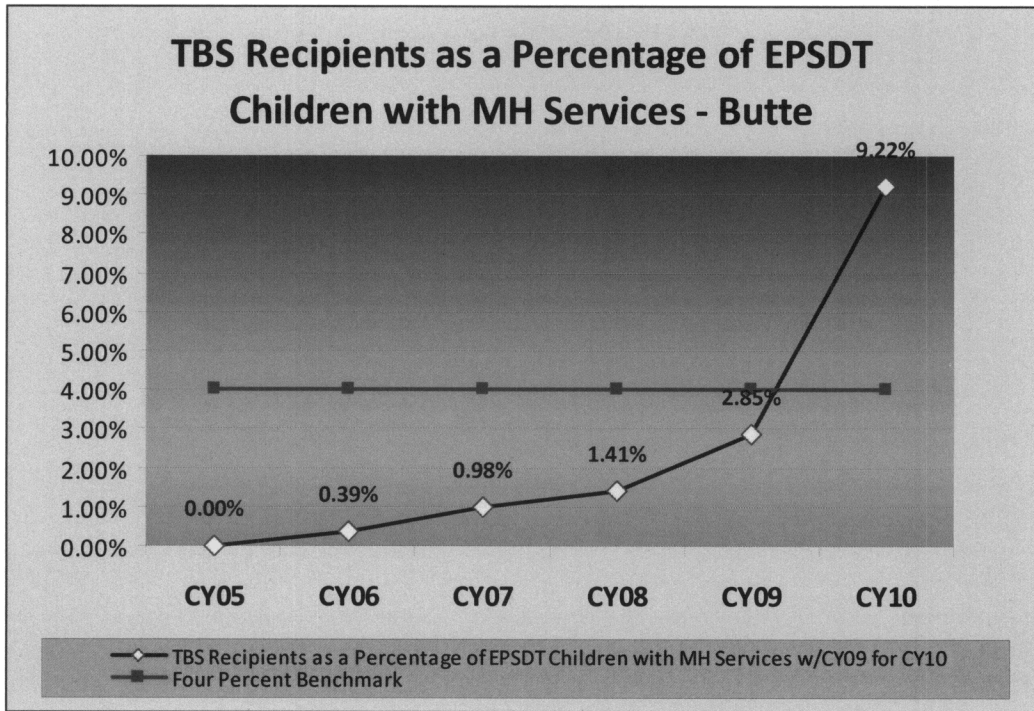


- For CY10, the count of TBS recipients includes 4,529 from APS analysis of DMH claims files (February, 2011), an additional 704 from MHP Director certified self-report (6 MHPs as of April, 2011), another 241 from MHP self-report (5 MHPs as of April 2011) and 2,360 with TBS Equivalent Services as certified by the Special Master (12 MHPs as of April, 2011).
- For CY10, the numerator is the CY10 count of TBS recipients and denominator is the CY09 count of EPSDT children with mental health.
- MHP Director certified, self-reported numbers (totaling 704) are from six MHPs: Los Angeles (507), Sacramento (105), San Luis Obispo (10), San Mateo (40), Santa Cruz (21), and Sonoma (21).
- MHP self-reported numbers (totaling 241) are from five MHPs: Alameda (87), Contra Costa (47), Monterey (13), San Francisco (38), and Ventura (56).

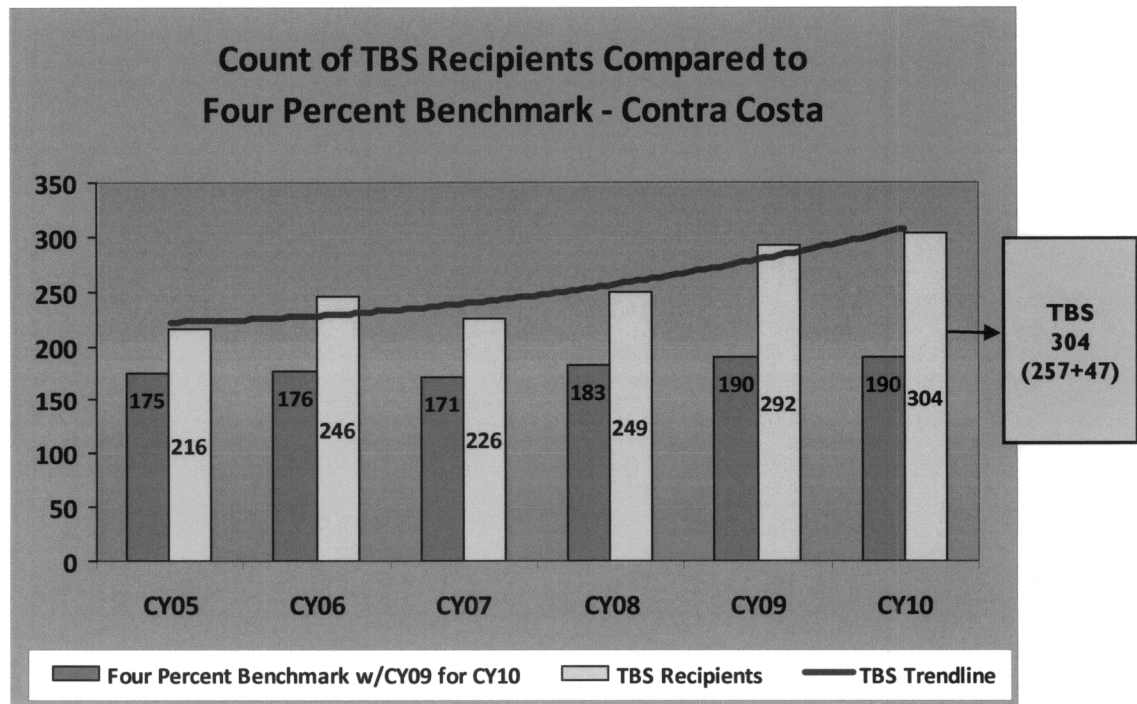
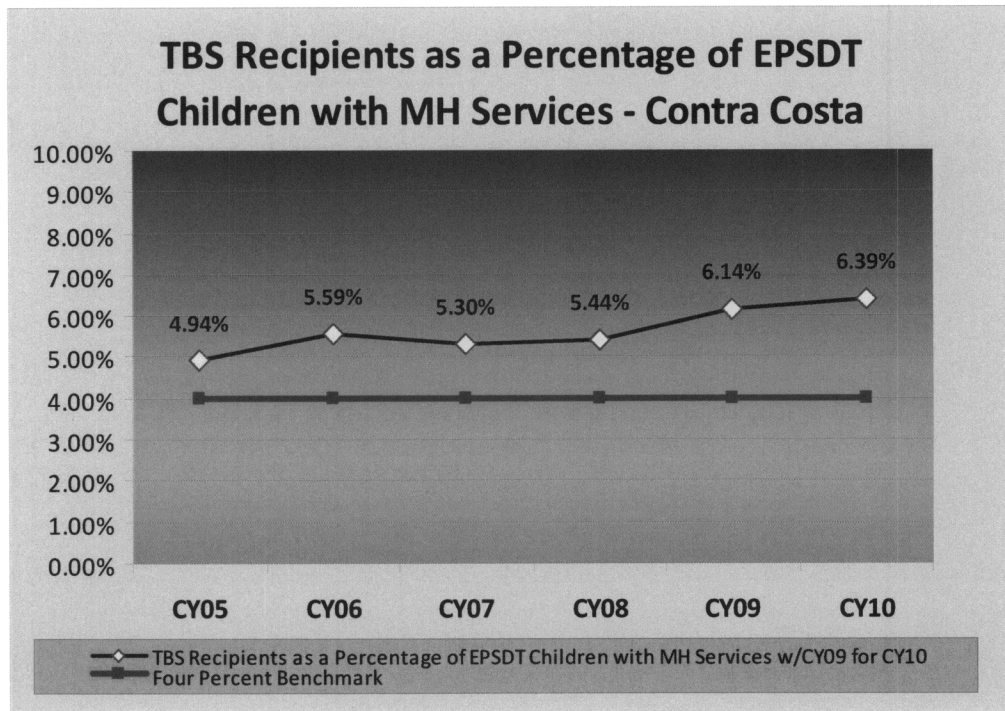
MHP LEVEL TWO DASHBOARDS



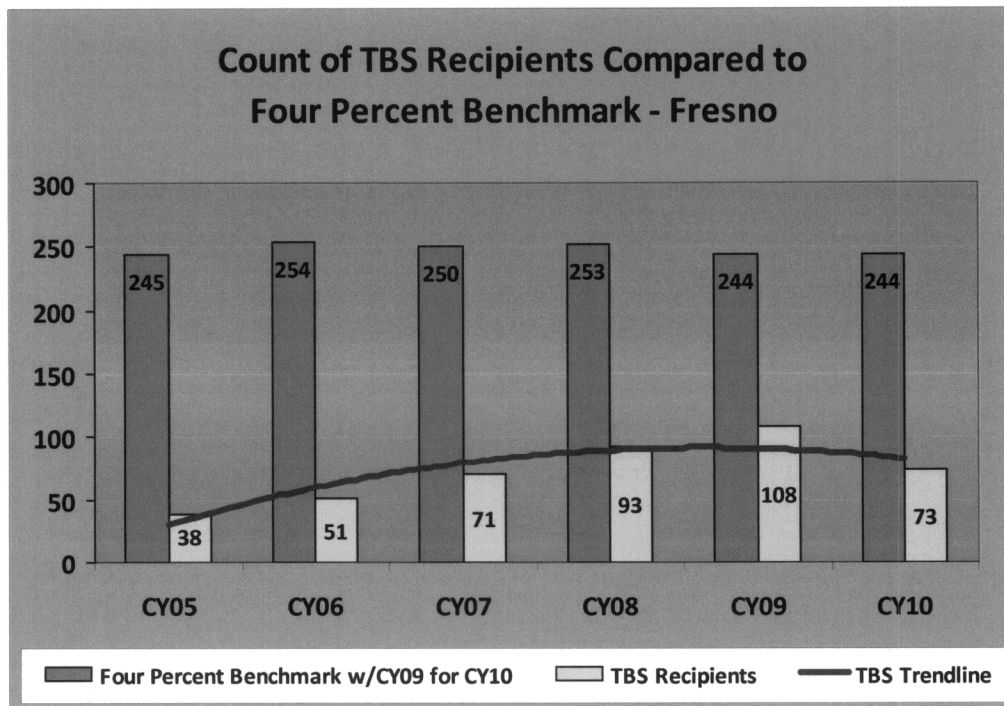
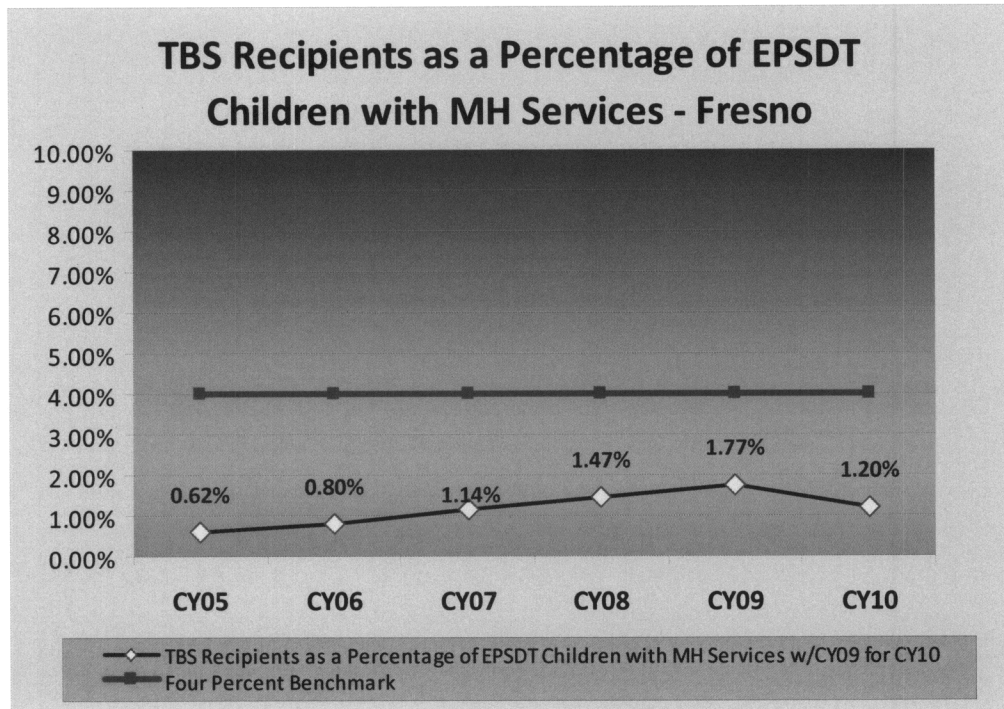
- For CY10, the count of TBS recipients includes 179 from APS analysis of DMH claims files (February, 2011), and an additional 87 from MHP self-report (as of April, 2011).

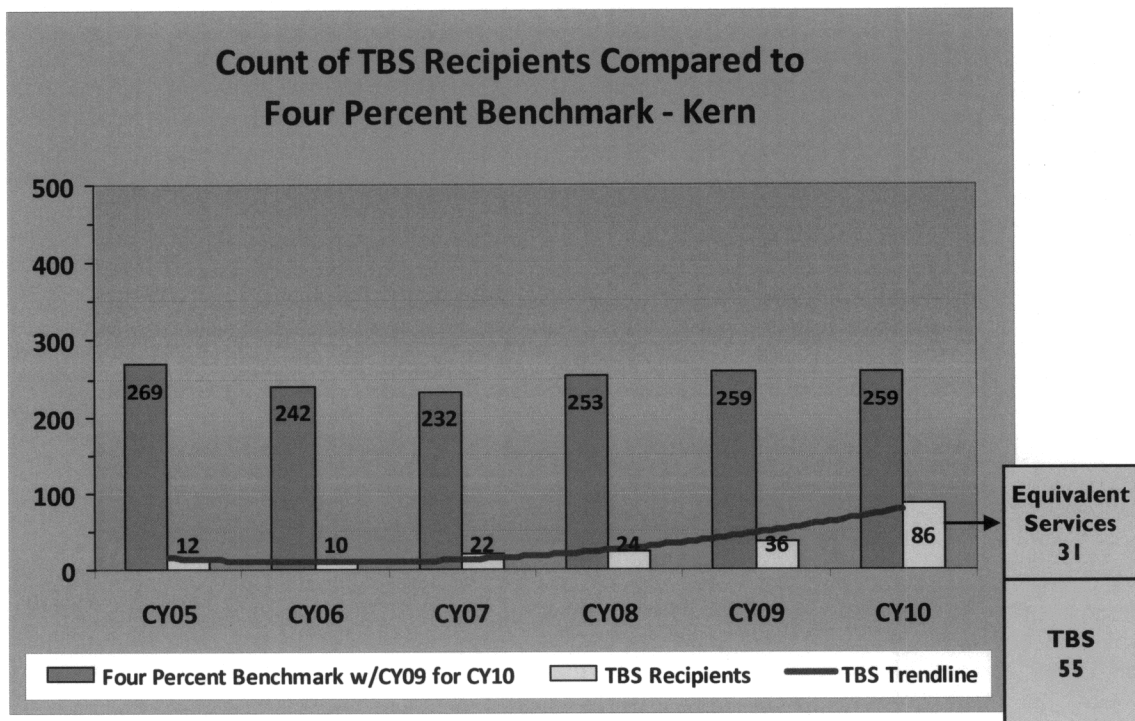
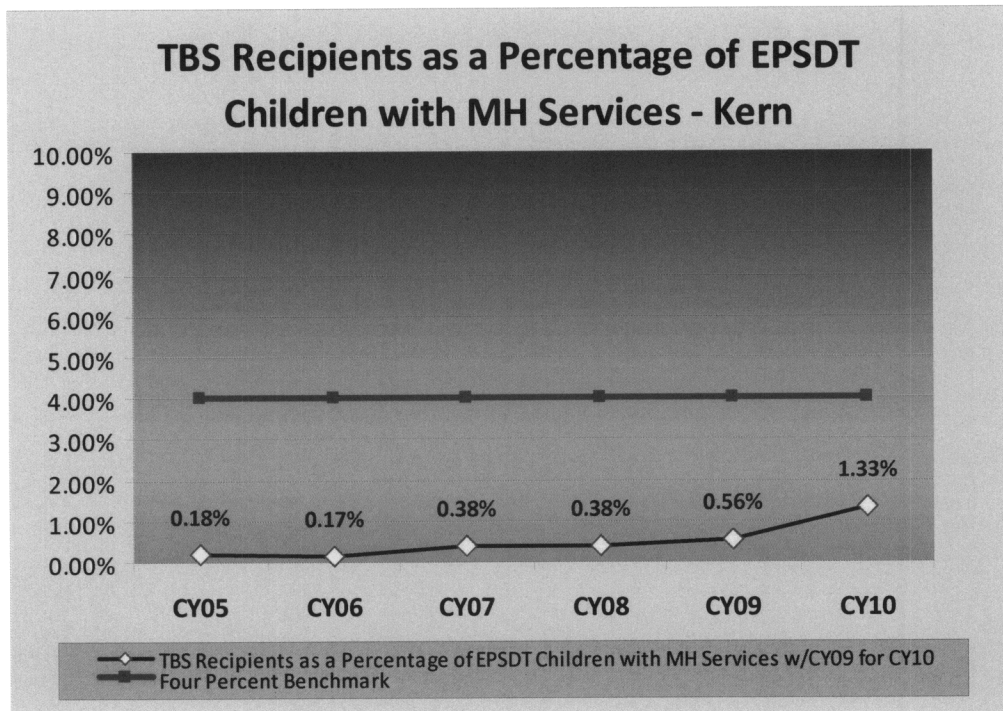


- For CY10, the count of TBS recipients includes 69 from APS analysis of DMH claims files (February, 2011) and 125 with TBS Equivalent Services as certified by the Special Master (as of March, 2011).

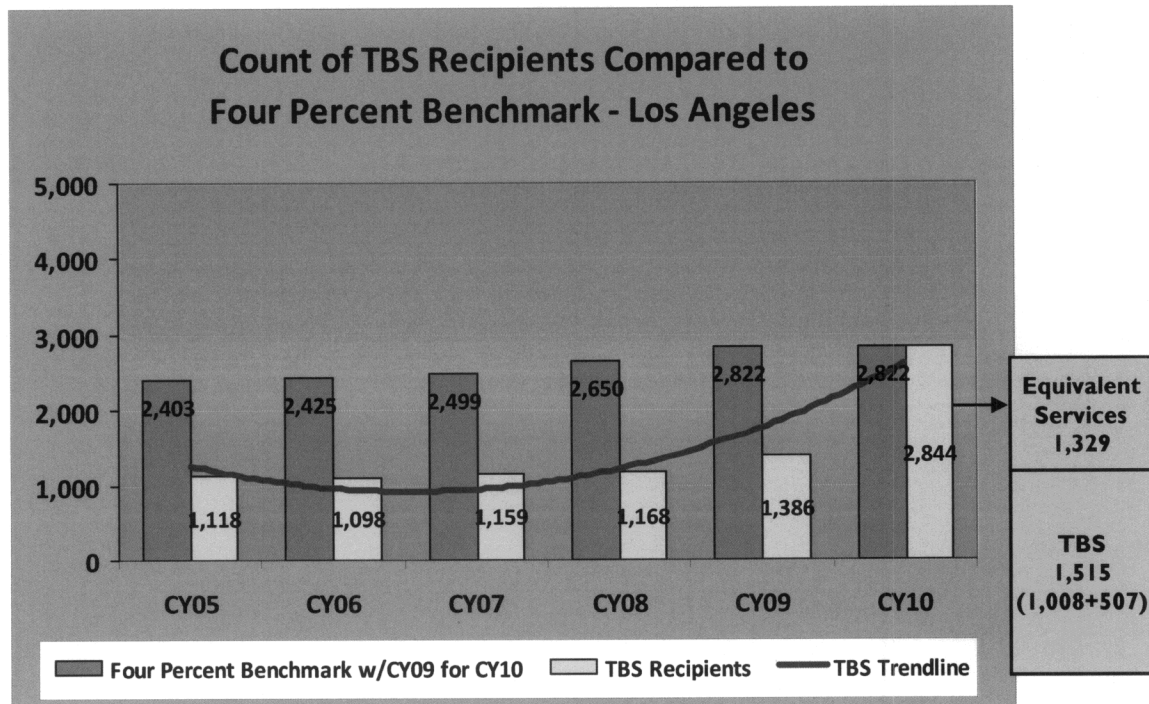
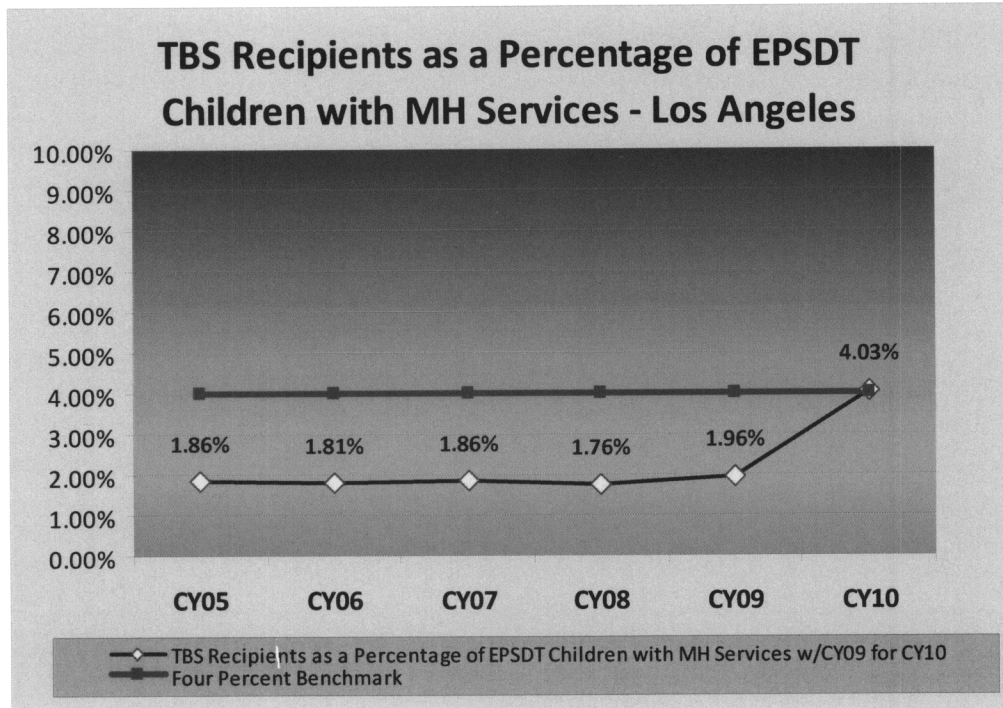


- For CY10, the count of TBS recipients includes 257 from APS analysis of DMH claims files (February, 2011), and an additional 47 from MHP self-report (as of March, 2011).

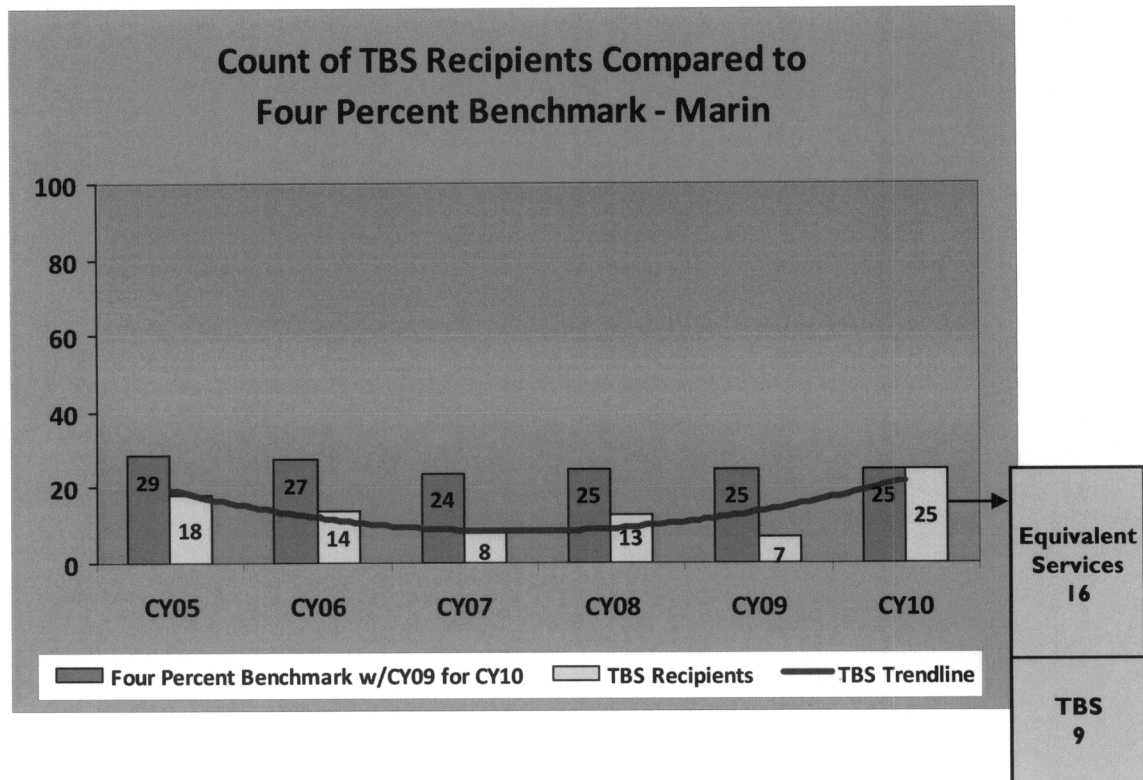
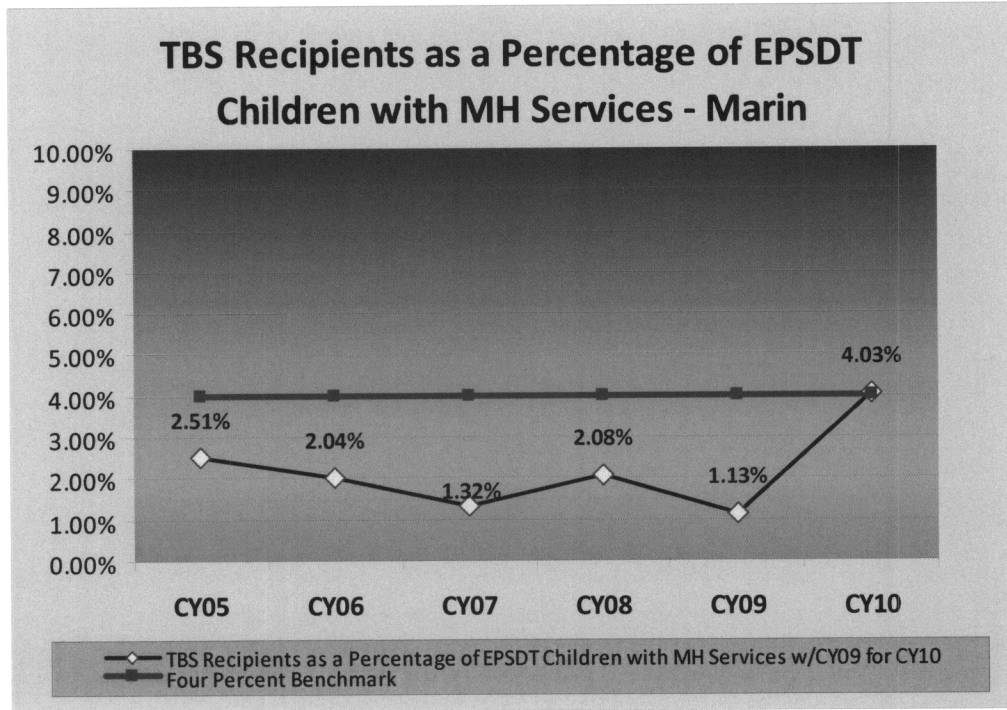




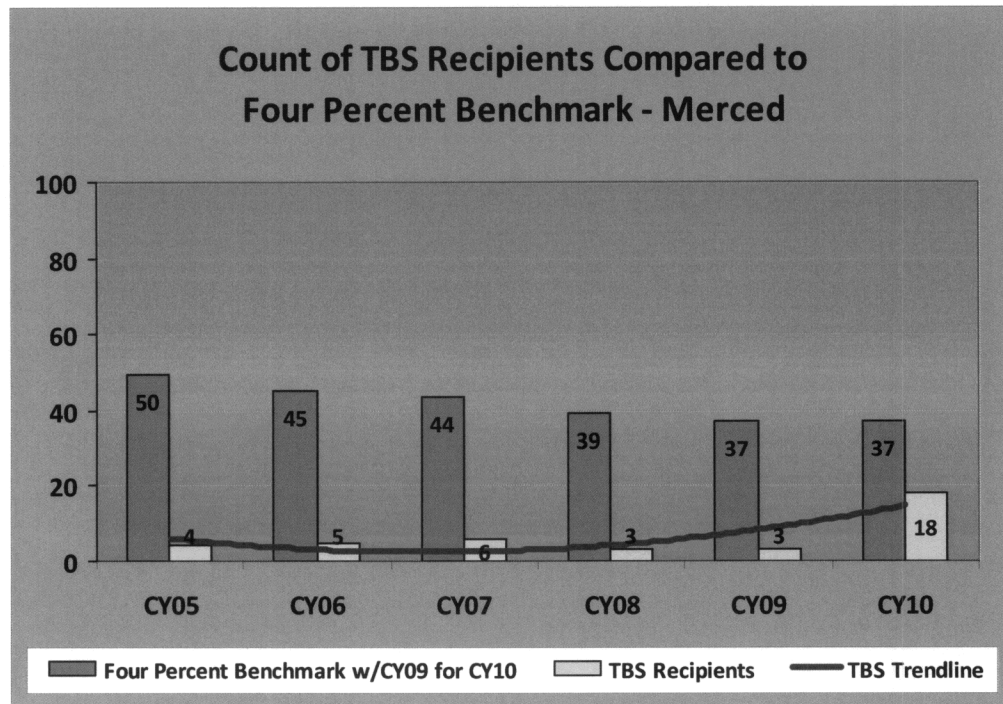
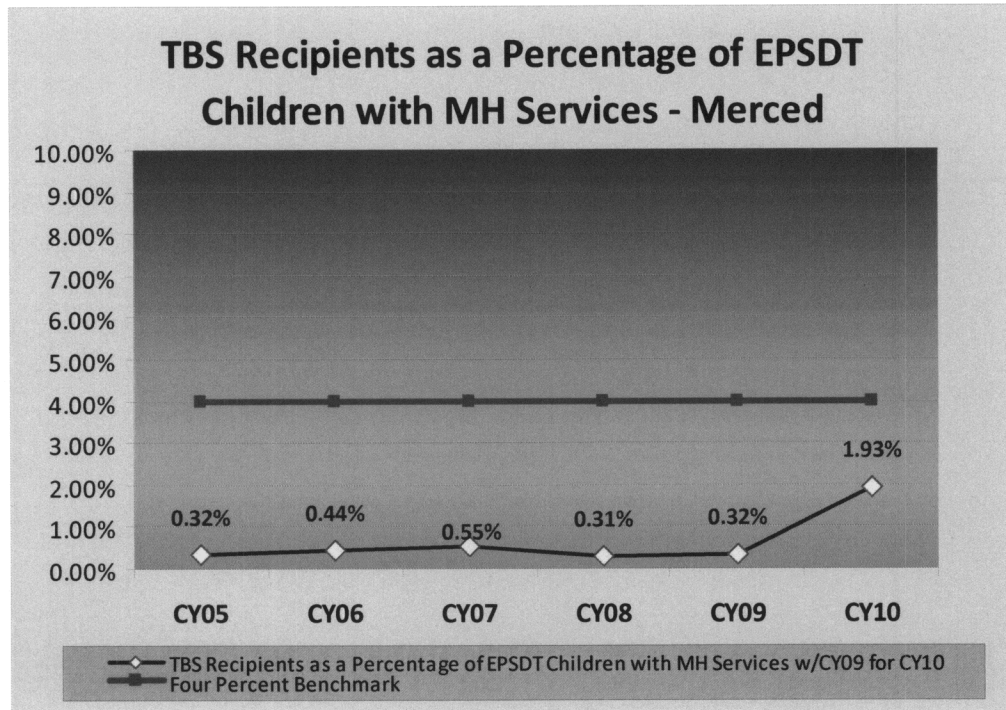
- For CY10, the count of TBS recipients includes 55 from APS analysis of DMH claims files (February, 2011) and 31 with TBS Equivalent Services as certified by the Special Master (as of March, 2011).

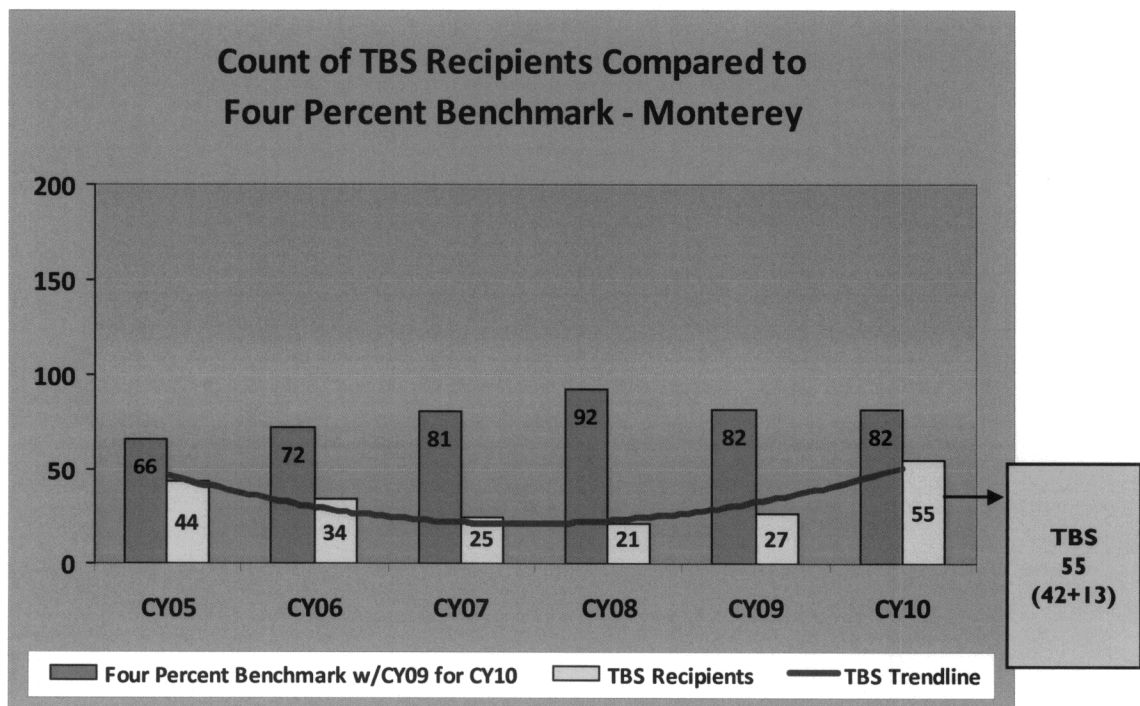
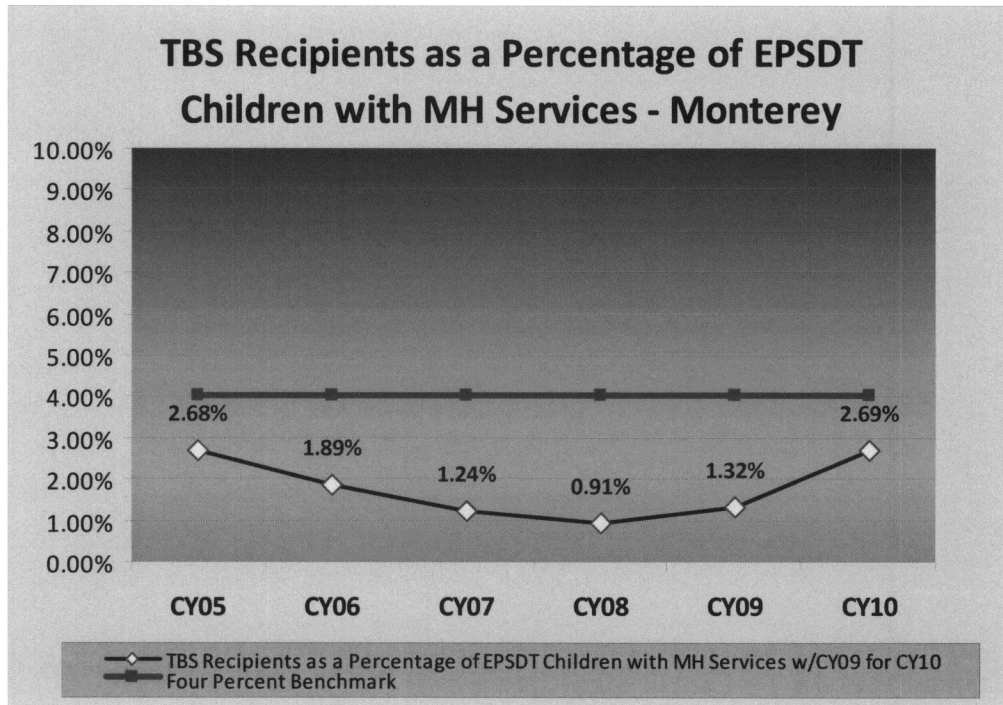


- For CY10, the count of TBS recipients includes 1,008 from APS analysis of DMH claims files (February, 2011), an additional 507 from MHP Director certified self-report (as of April, 2011) and 1,329 with TBS Equivalent Services as certified by the Special Master (as of April, 2011).
- The MHP Director certified self-report includes a projected count for FY10-11 based on a trajectory approved by the Special Master.

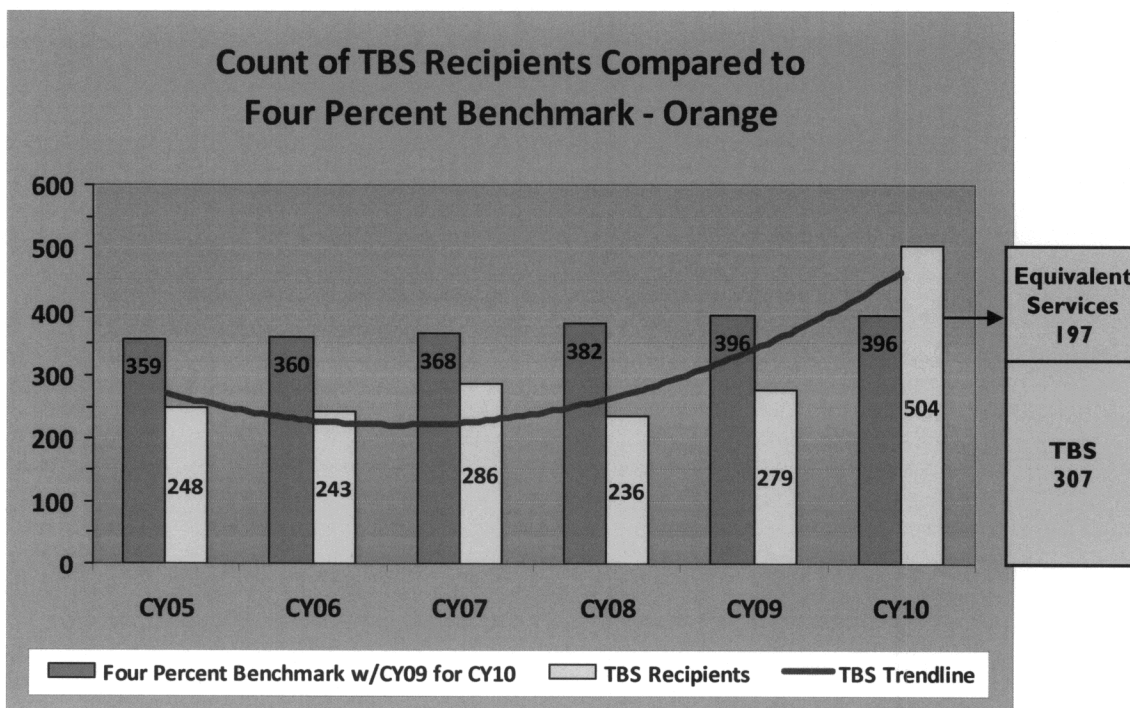
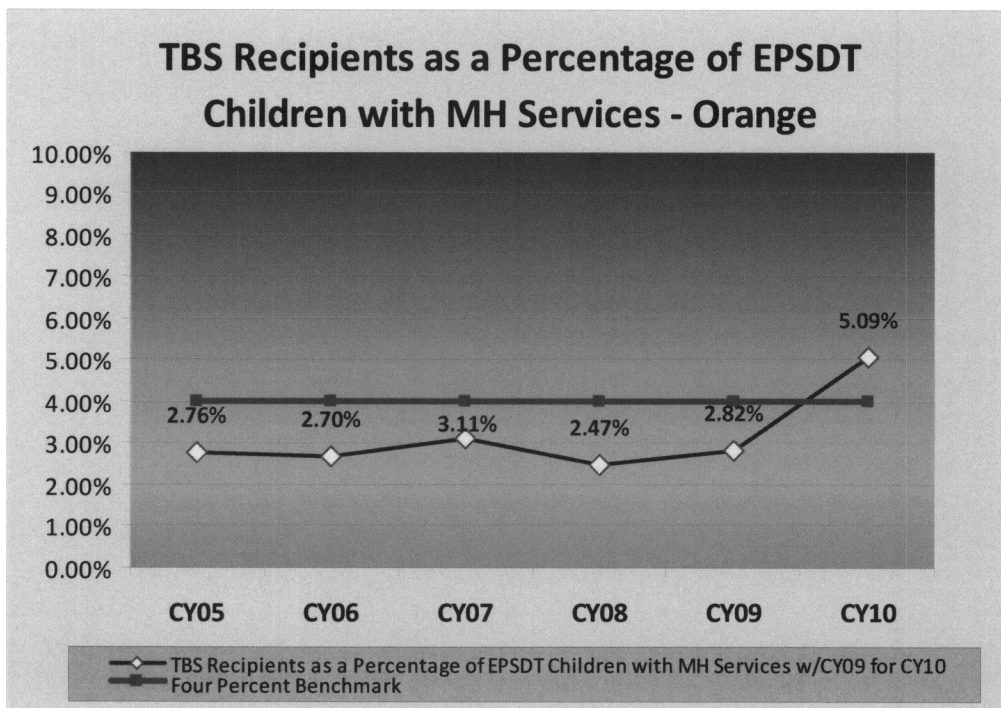


- For CY10, the count of TBS recipients includes 9 from APS analysis of DMH claims files (February, 2011) and 16 with TBS Equivalent Services as certified by the Special Master (as of March, 2011).

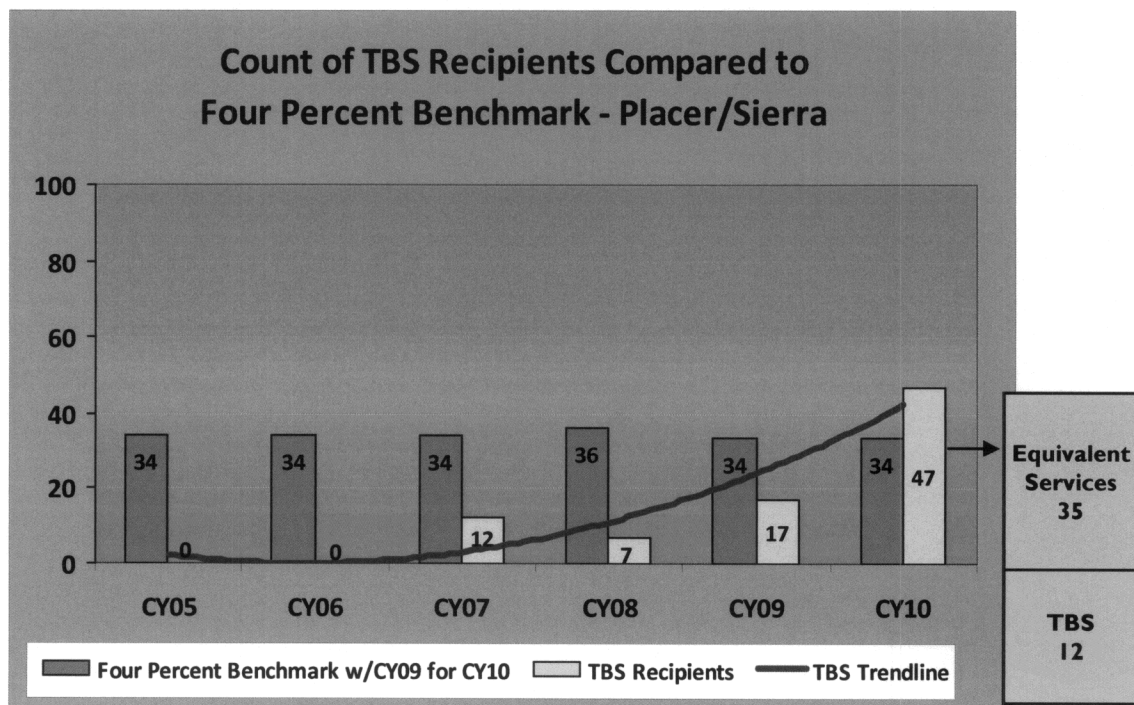
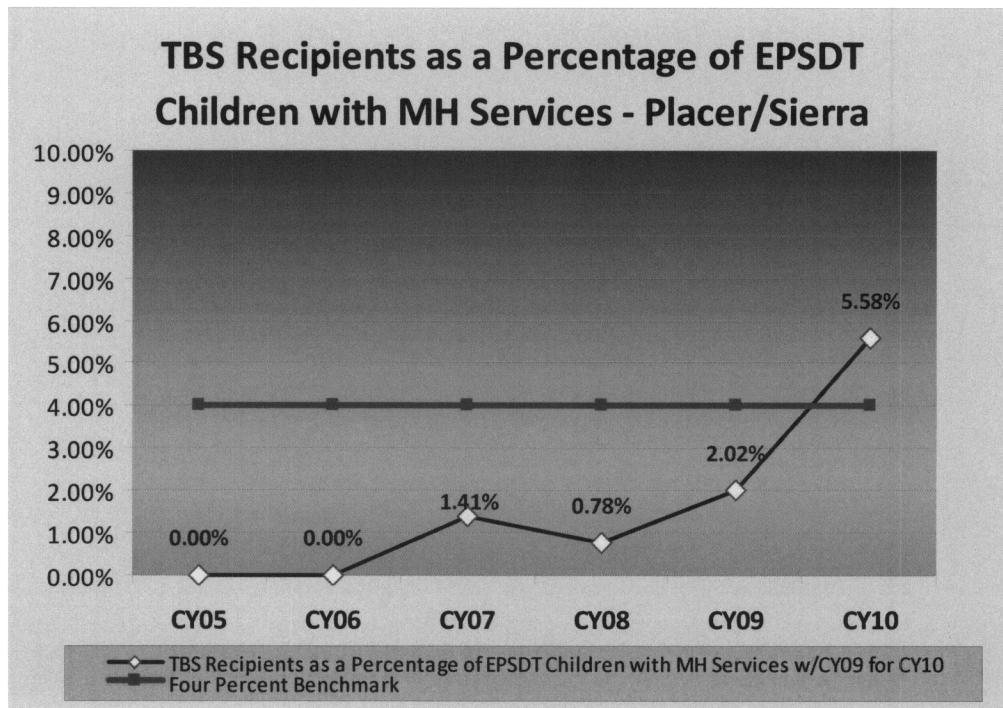




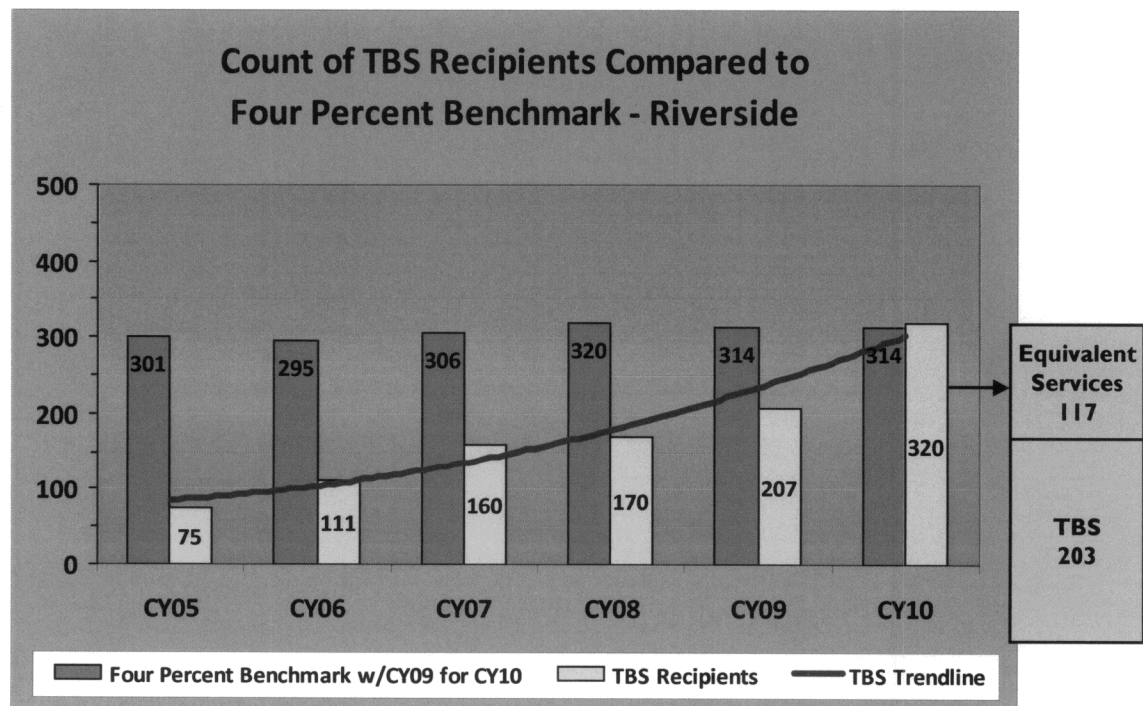
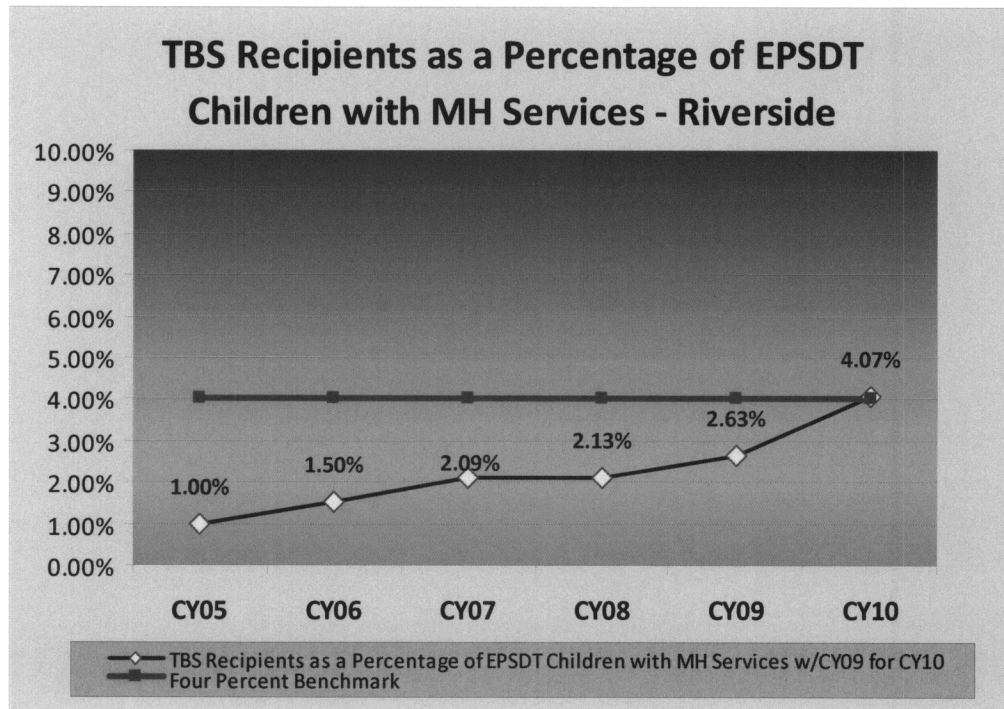
- For CY10, the count of TBS recipients includes 42 from APS analysis of DMH claims files (February, 2011) and an additional 13 from MHP self-report (as of March, 2011).



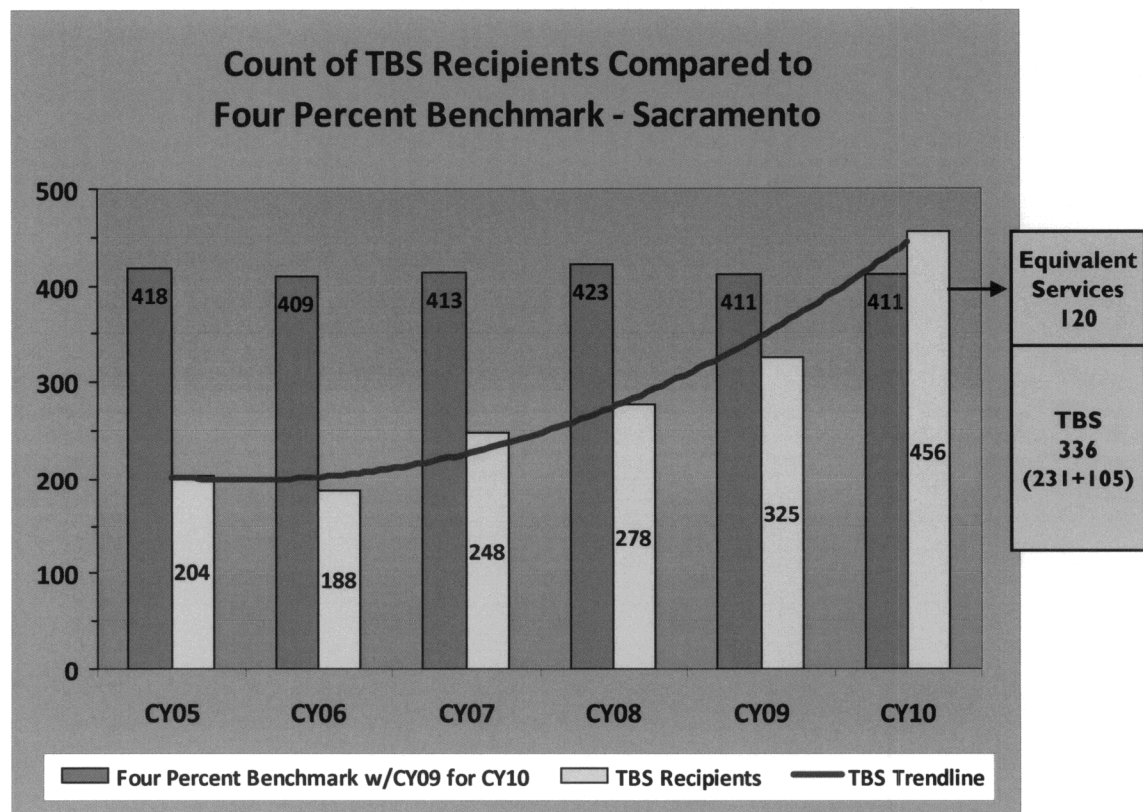
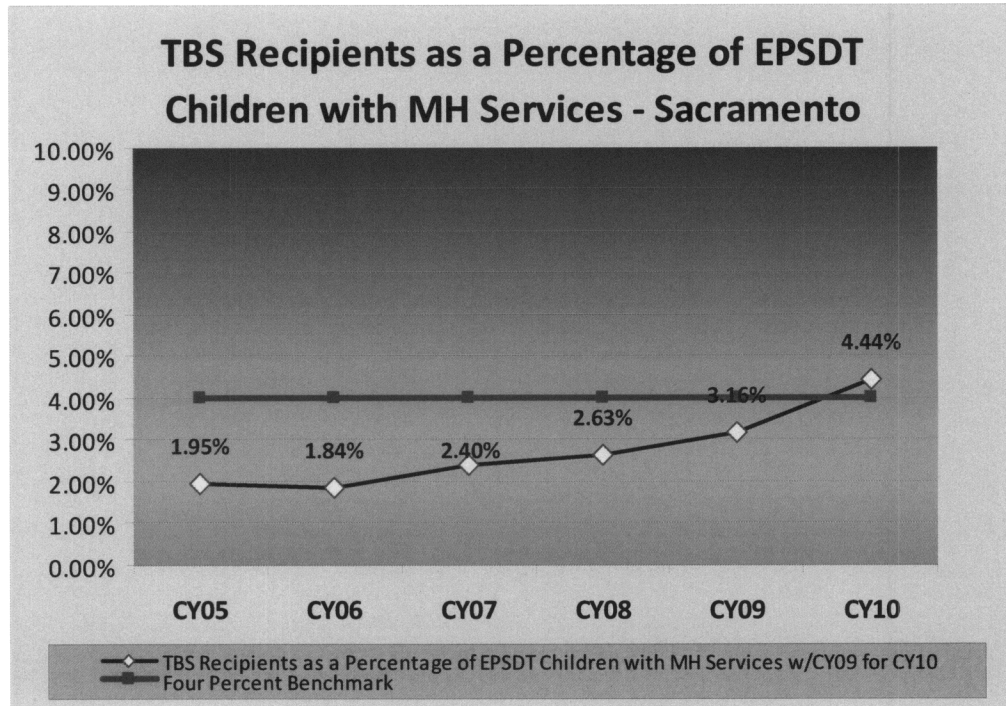
- For CY10, the count of TBS recipients includes 307 from APS analysis of DMH claims files (February, 2011) and 197 with TBS Equivalent Services as certified by the Special Master (as of March, 2011).



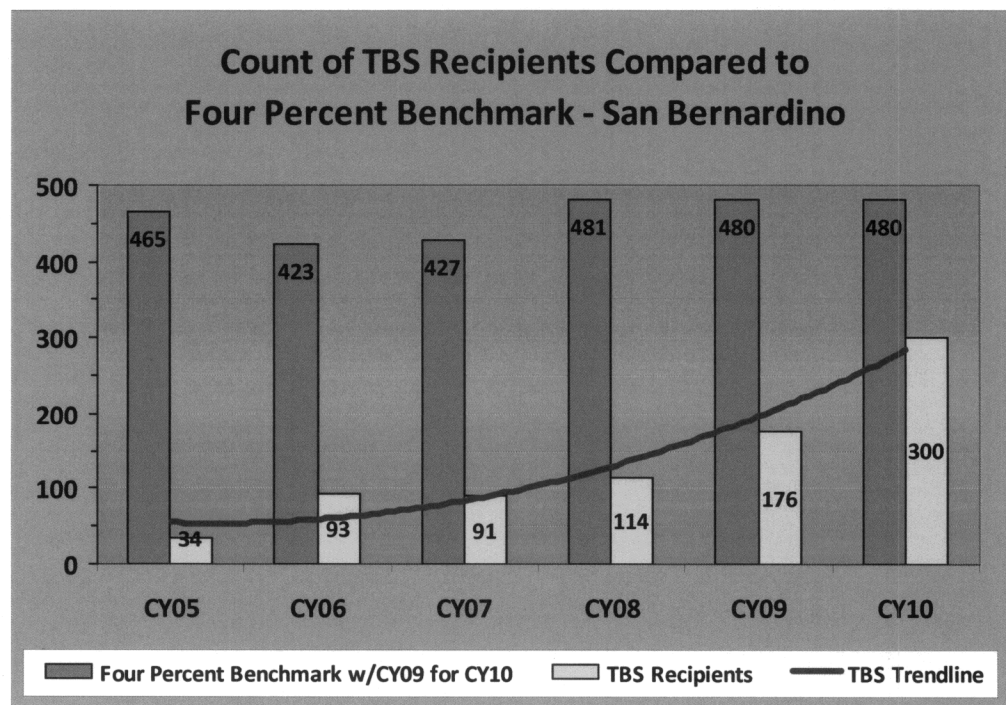
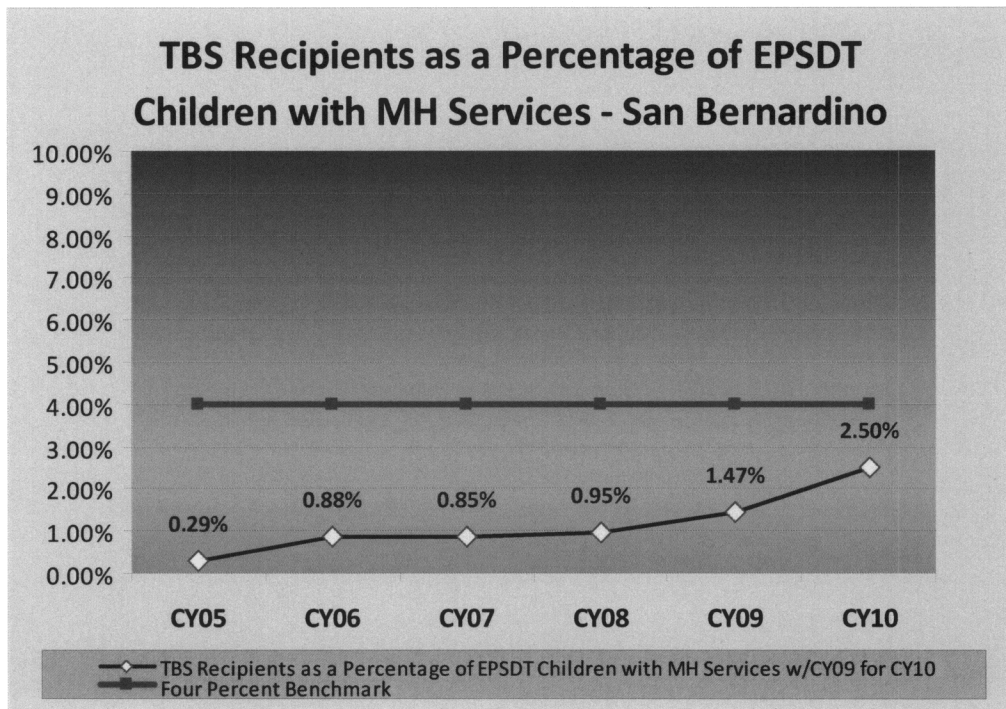
- For CY10, the count of TBS recipients includes 12 from APS analysis of DMH claims files (February, 2011) and 35 with TBS Equivalent Services as certified by the Special Master (as of April, 2011).

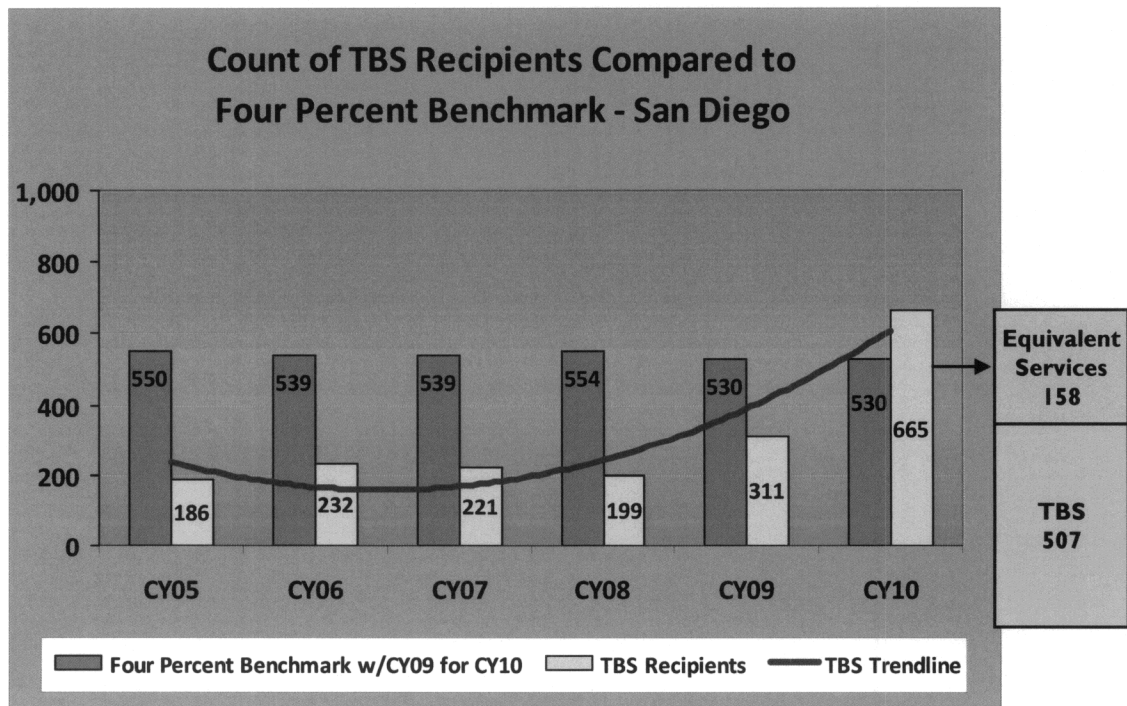
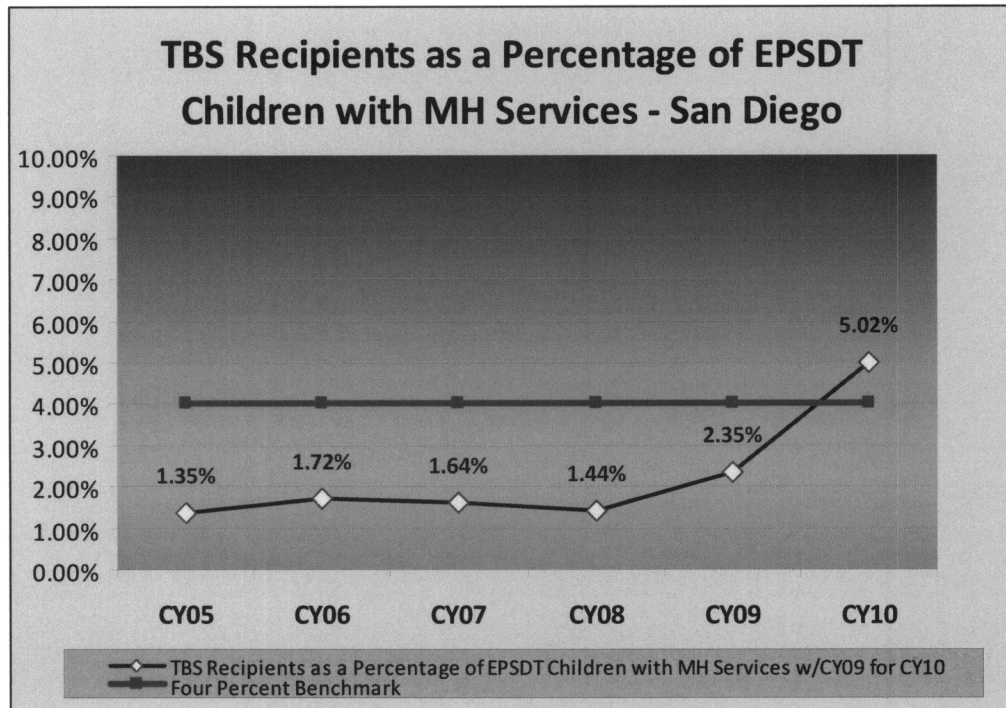


- For CY10, the count of TBS recipients includes 203 from APS analysis of DMH claims files (February, 2011) and 117 with TBS Equivalent Services as certified by the Special Master (as of March, 2011).

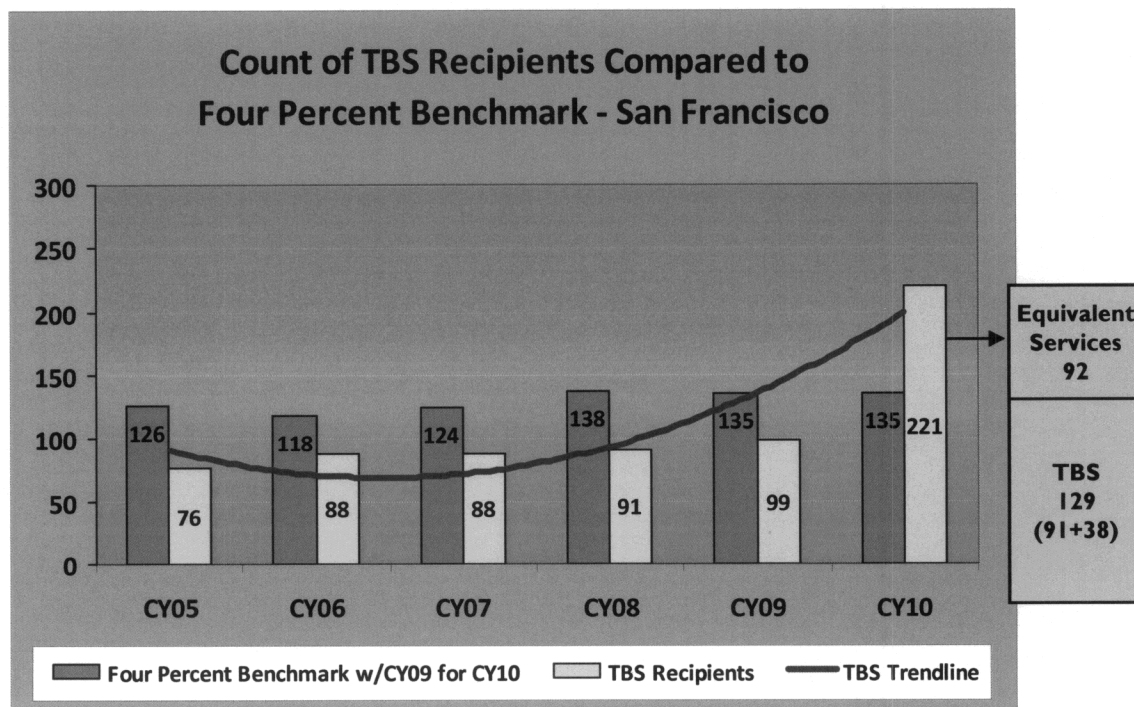
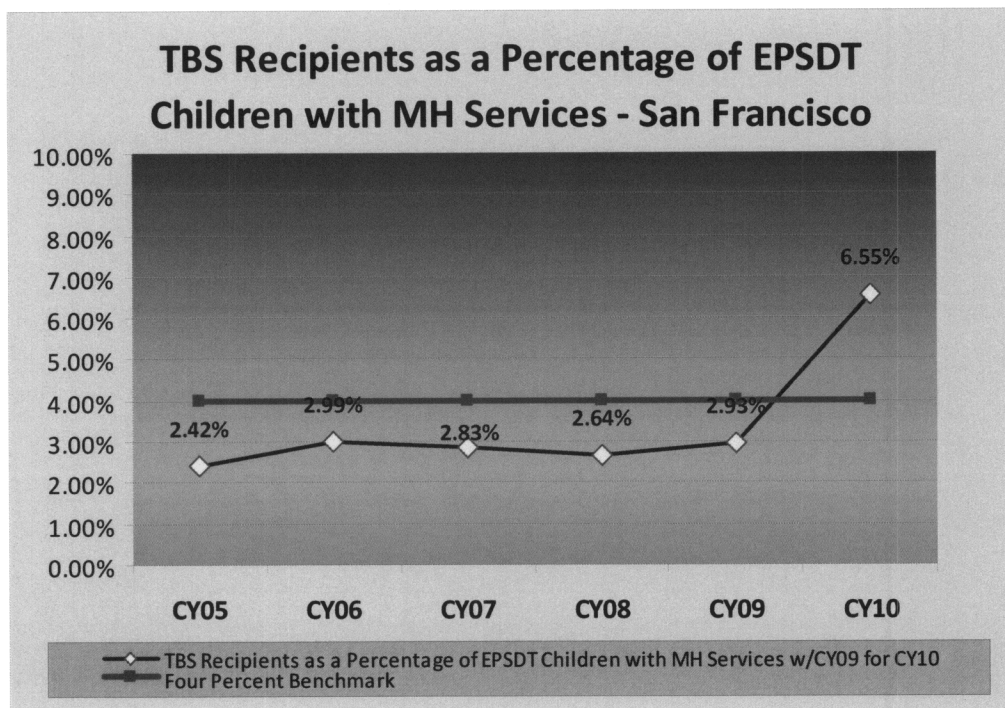


- For CY10, the count of TBS recipients includes 231 from APS analysis of DMH claims files (February, 2011), an additional 105 from MHP Director certified self-report (as of April, 2011) and 120 with TBS Equivalent Services as certified by the Special Master (as of March, 2011).

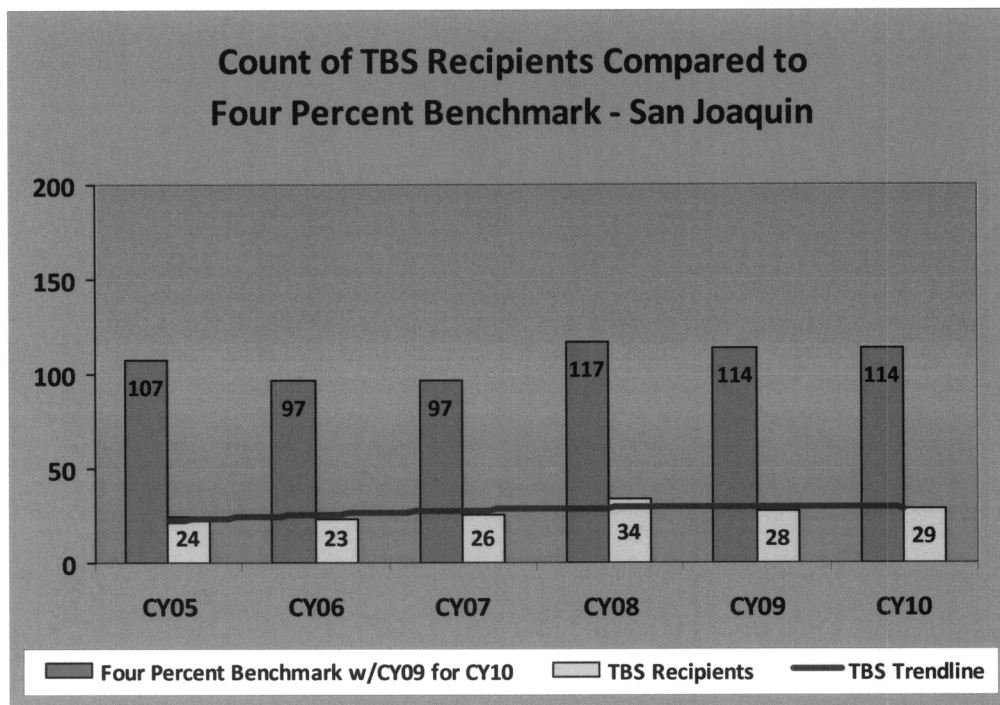
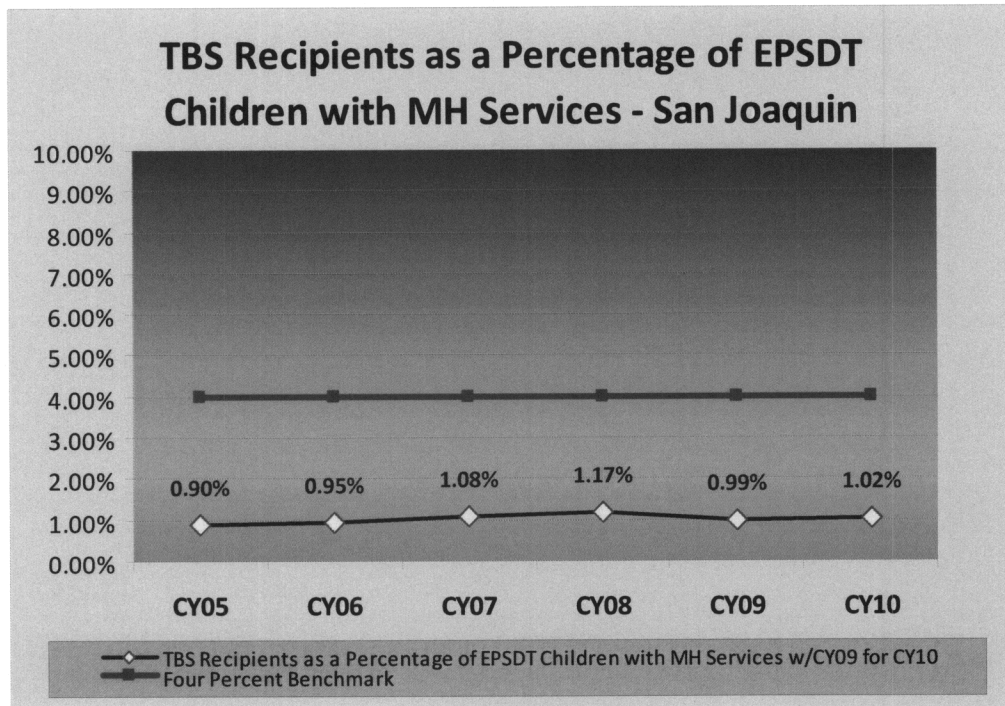


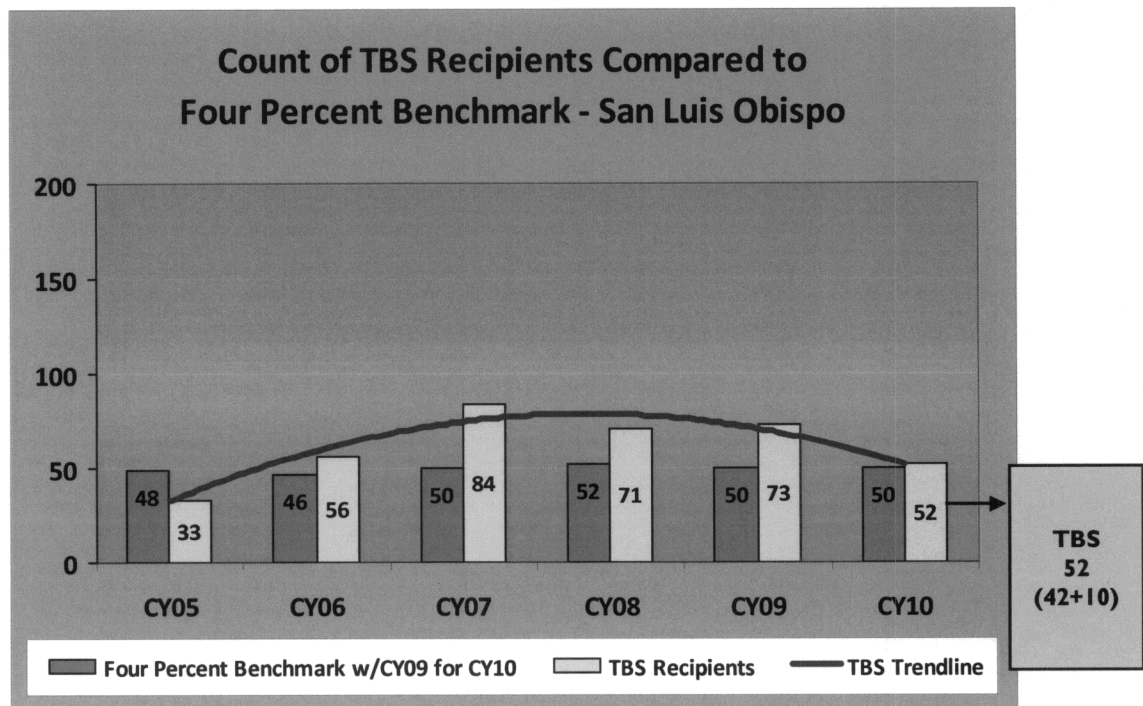
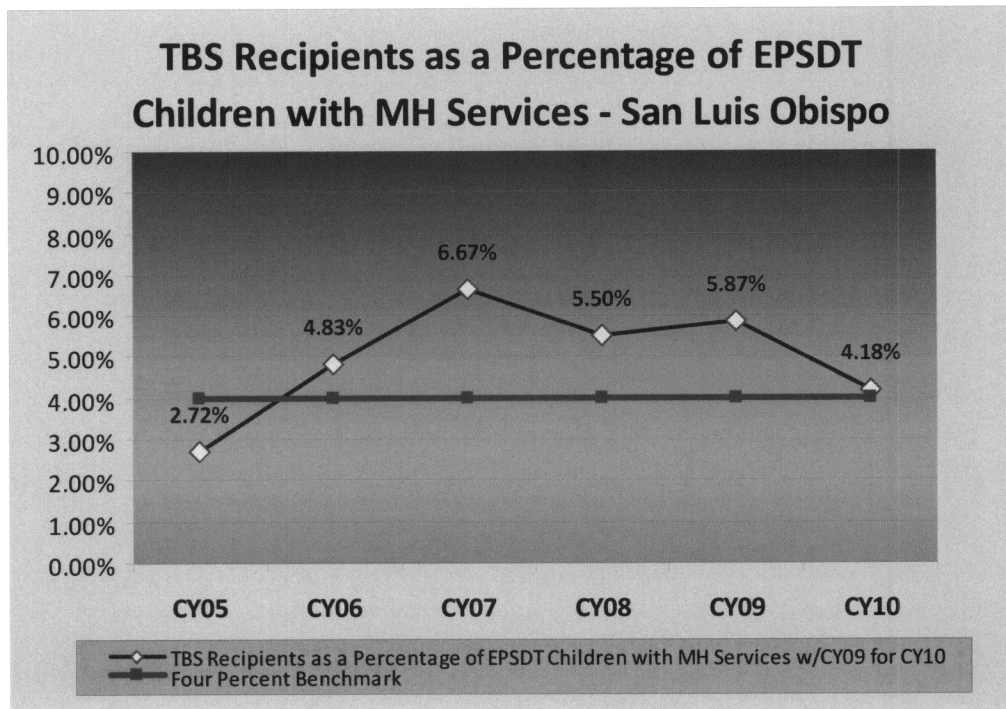


- For CY10, the count of TBS recipients includes 507 from APS analysis of DMH claims files (February, 2011) and 158 with TBS Equivalent Services as certified by the Special Master (as of March, 2011).

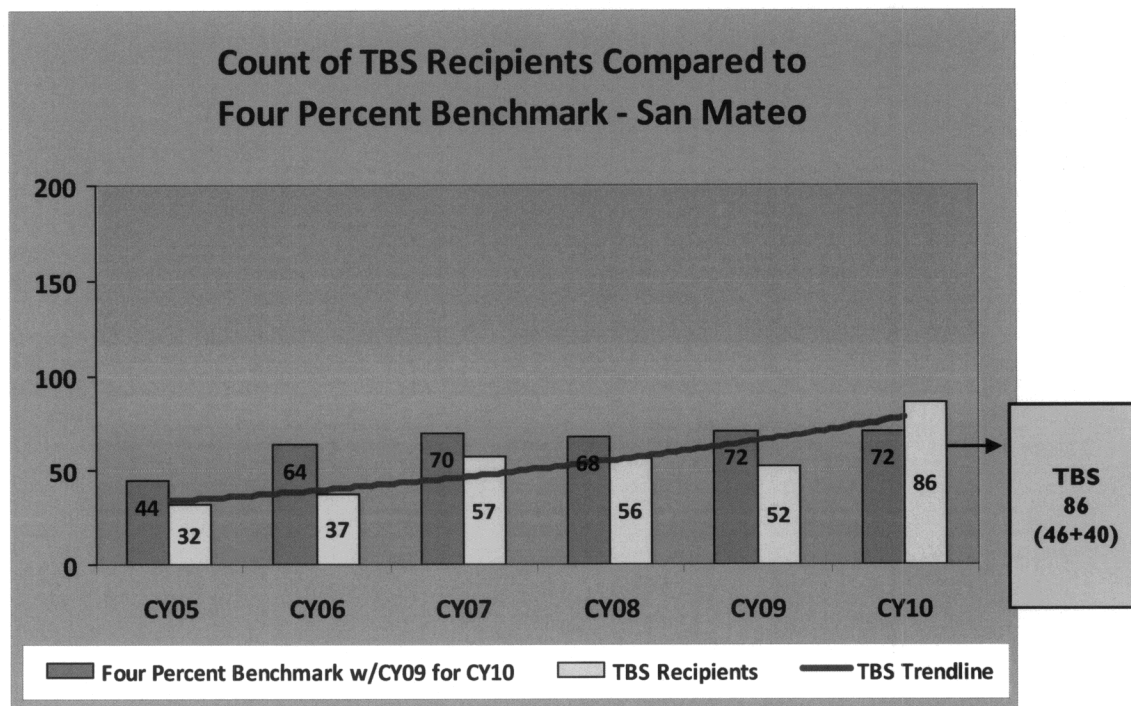
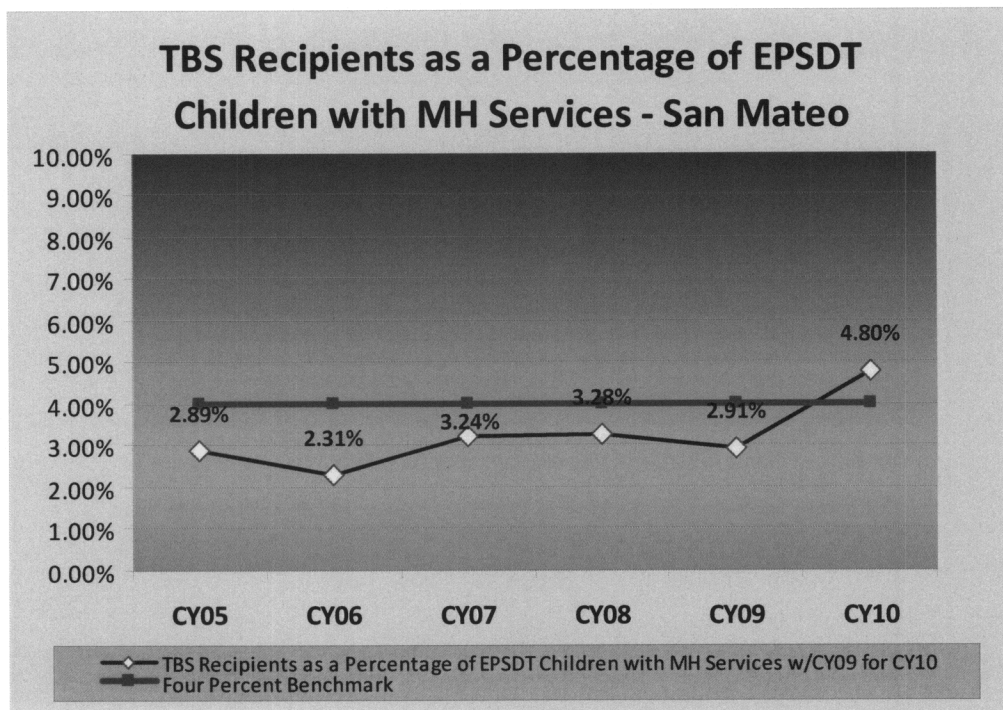


- For CY10, the count of TBS recipients includes 91 from APS analysis of DMH claims files (February, 2011), an additional 38 from MHP self-report (as of March, 2011) and 92 with TBS Equivalent Services as certified by the Special Master (as of March, 2011).

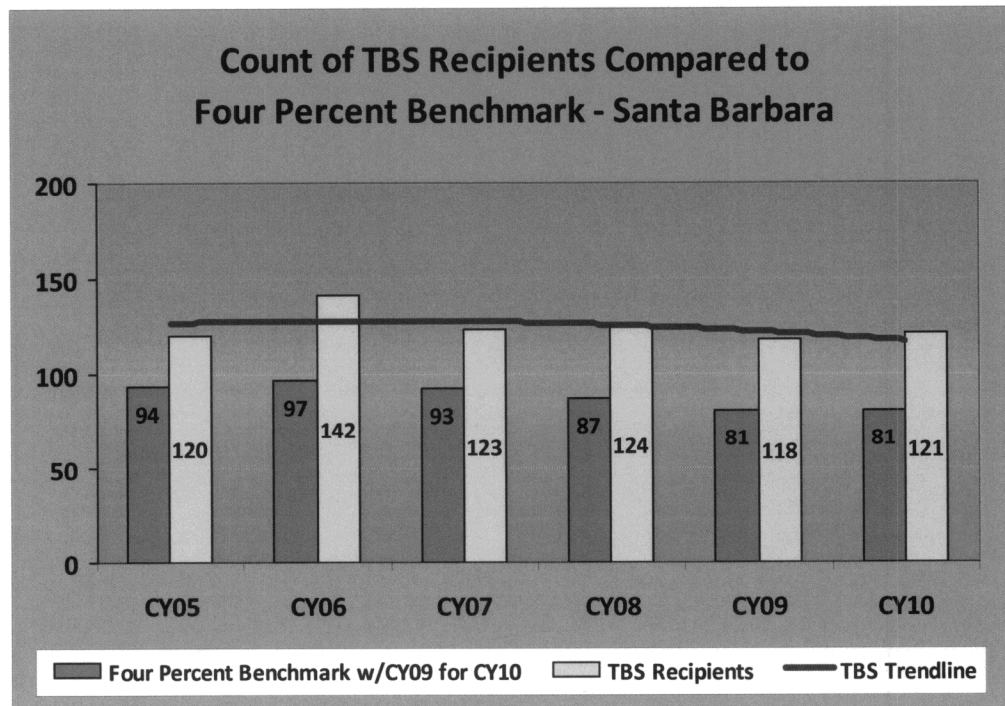
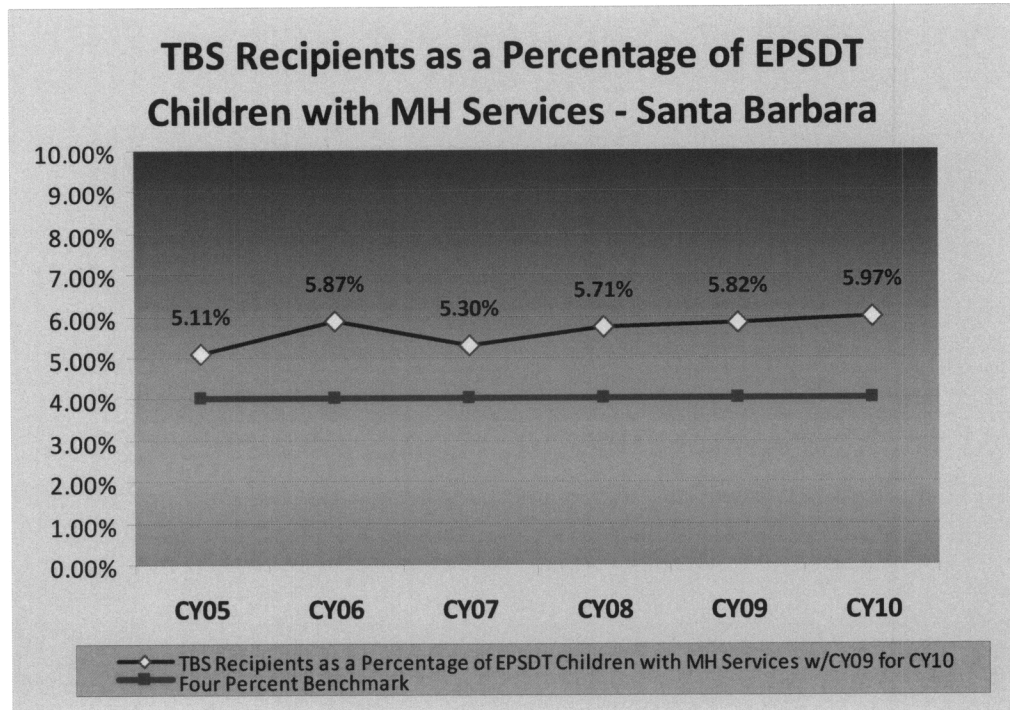


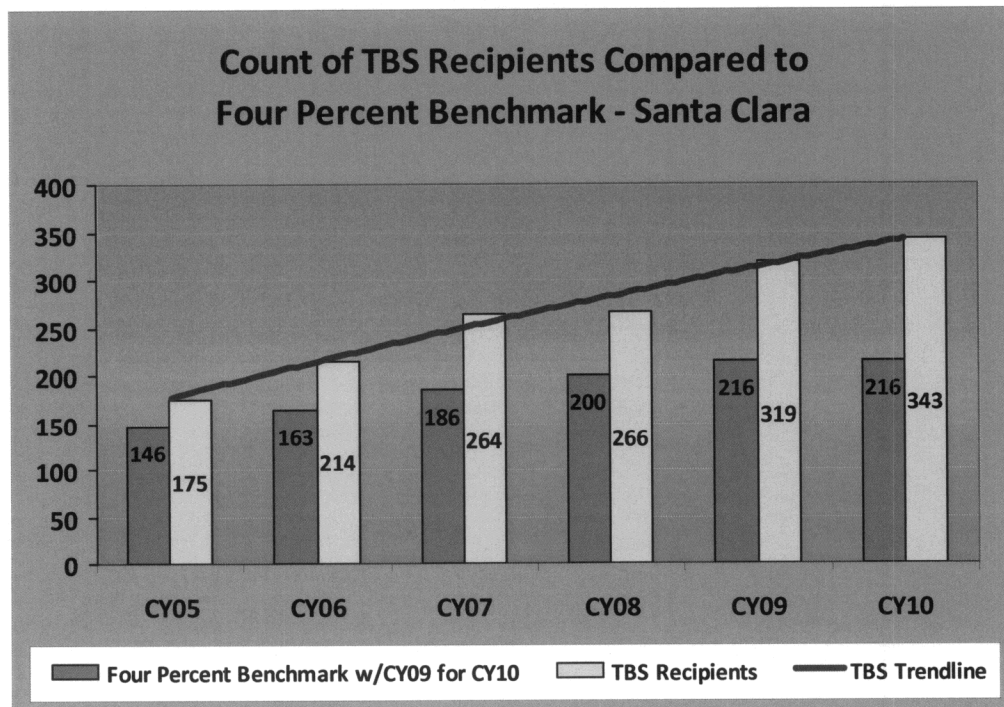
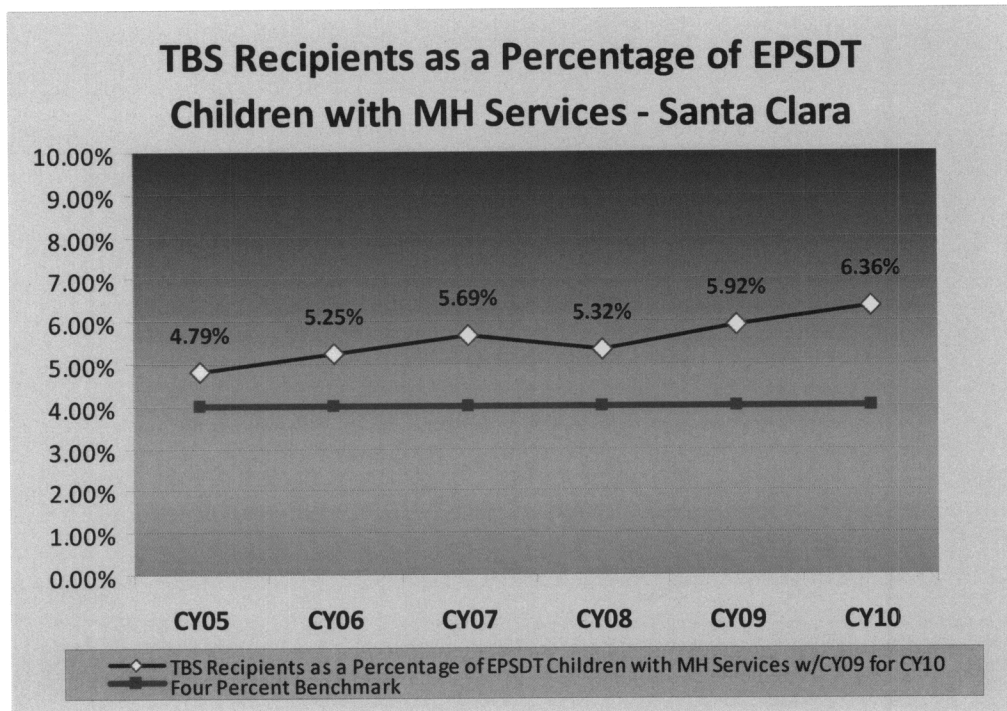


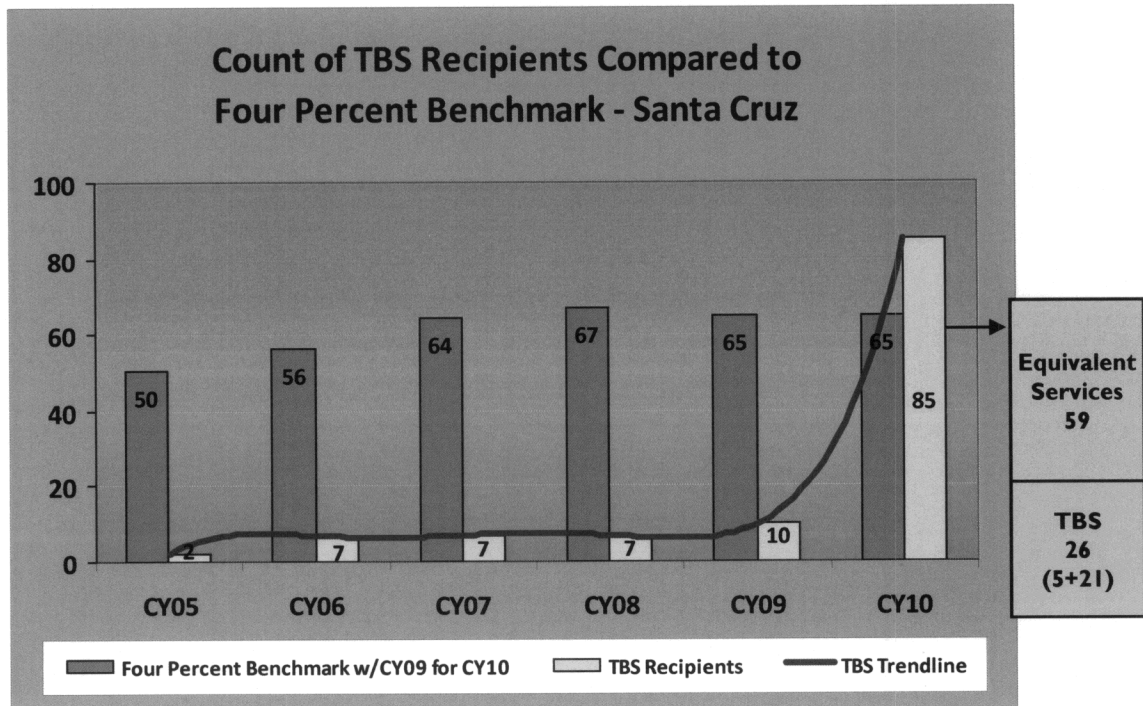
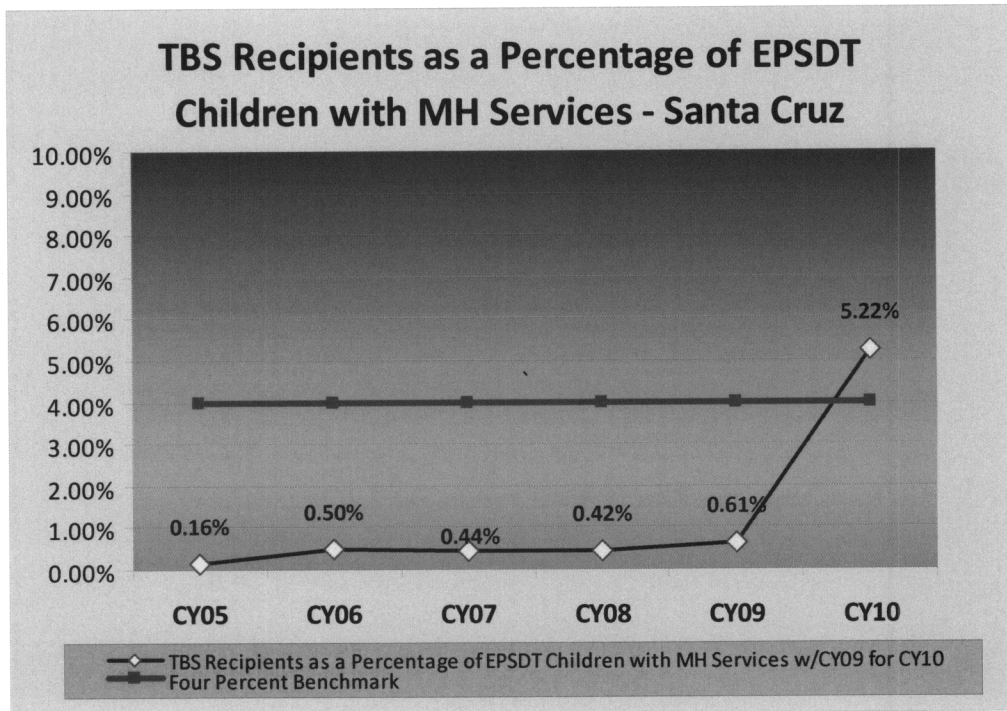
- For CY10, the count of TBS recipients includes 42 from APS analysis of DMH claims files (February, 2011) and an additional 10 from MHP Director certified self-report (as of March, 2011).



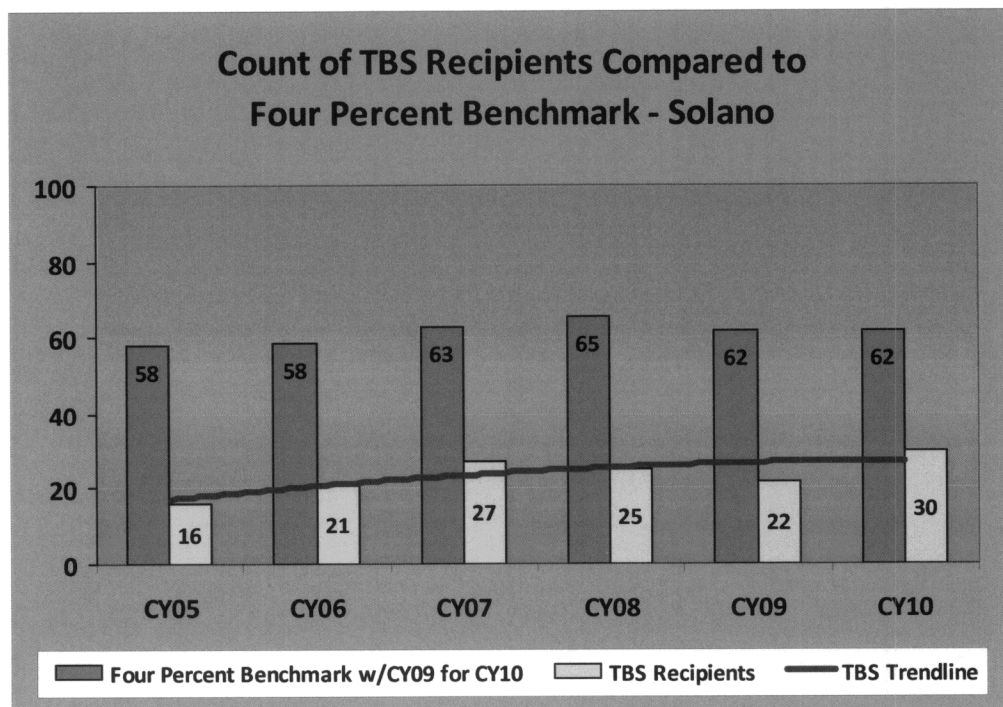
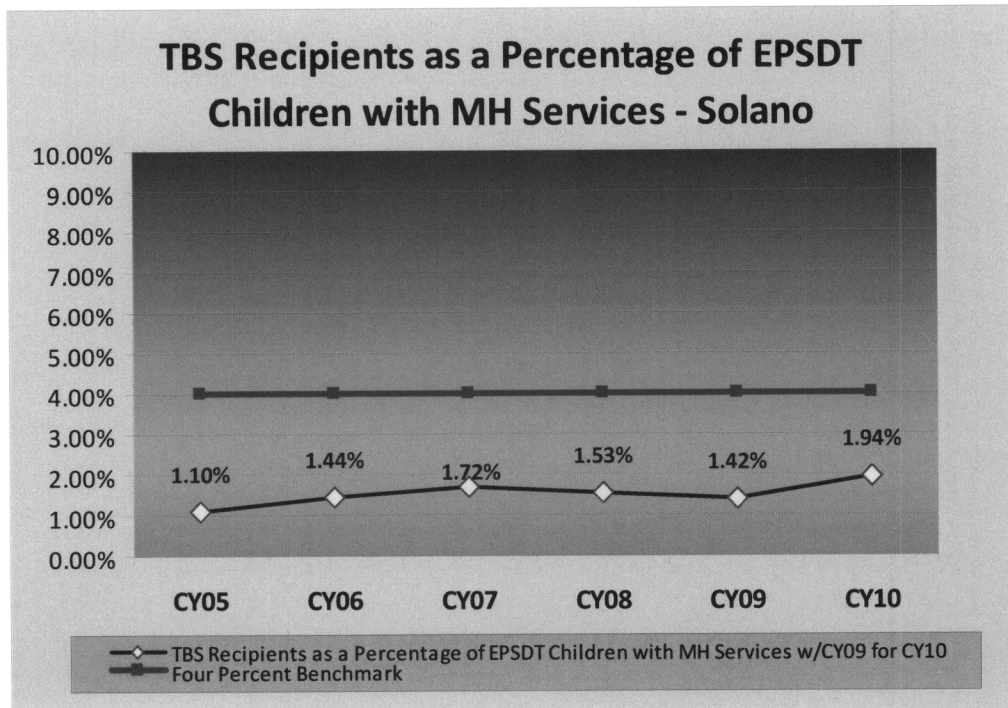
- For CY10, the count of TBS recipients includes 46 from APS analysis of DMH claims files (February, 2011) and an additional 40 from MHP Director certified self-report (as of March, 2011).

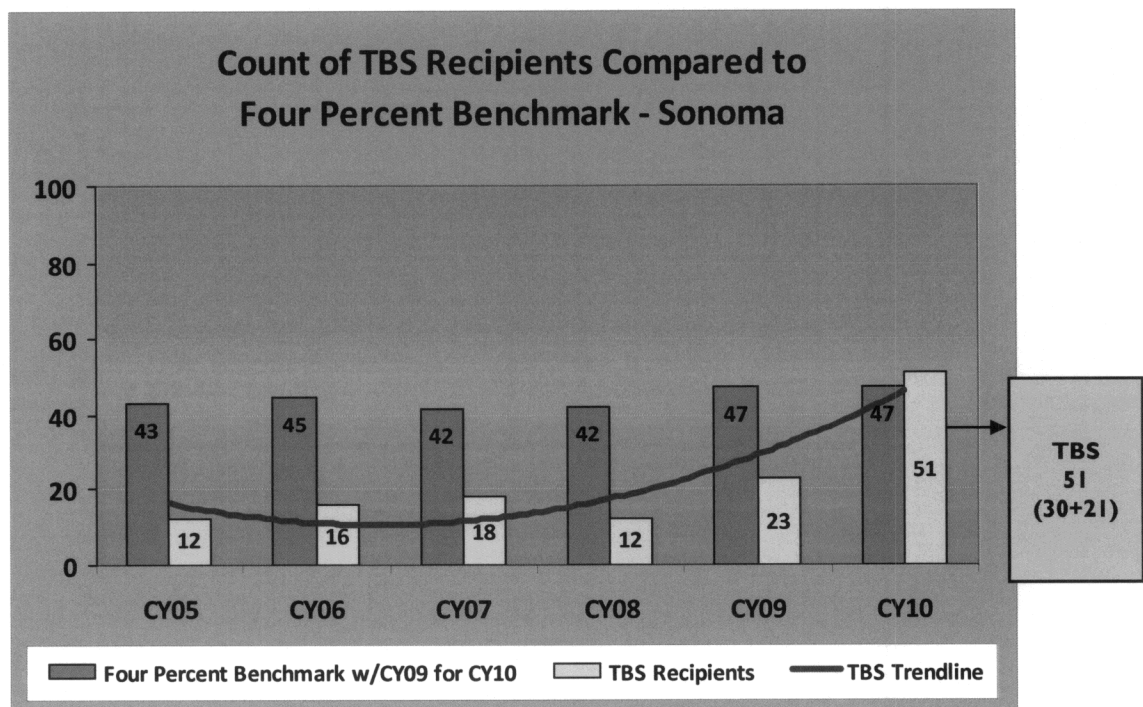
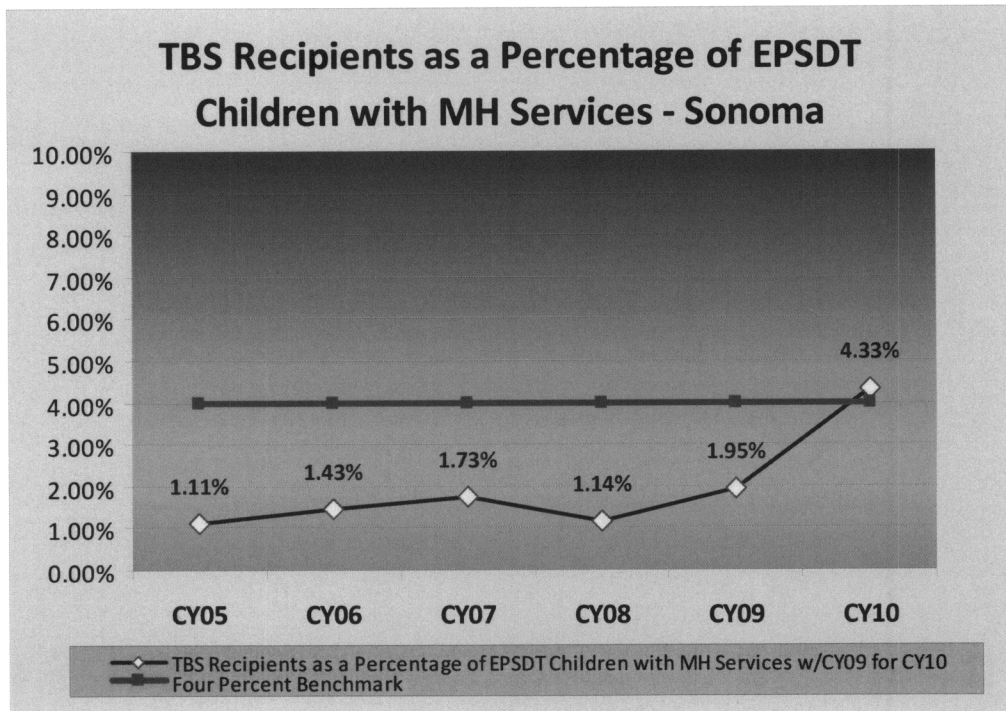




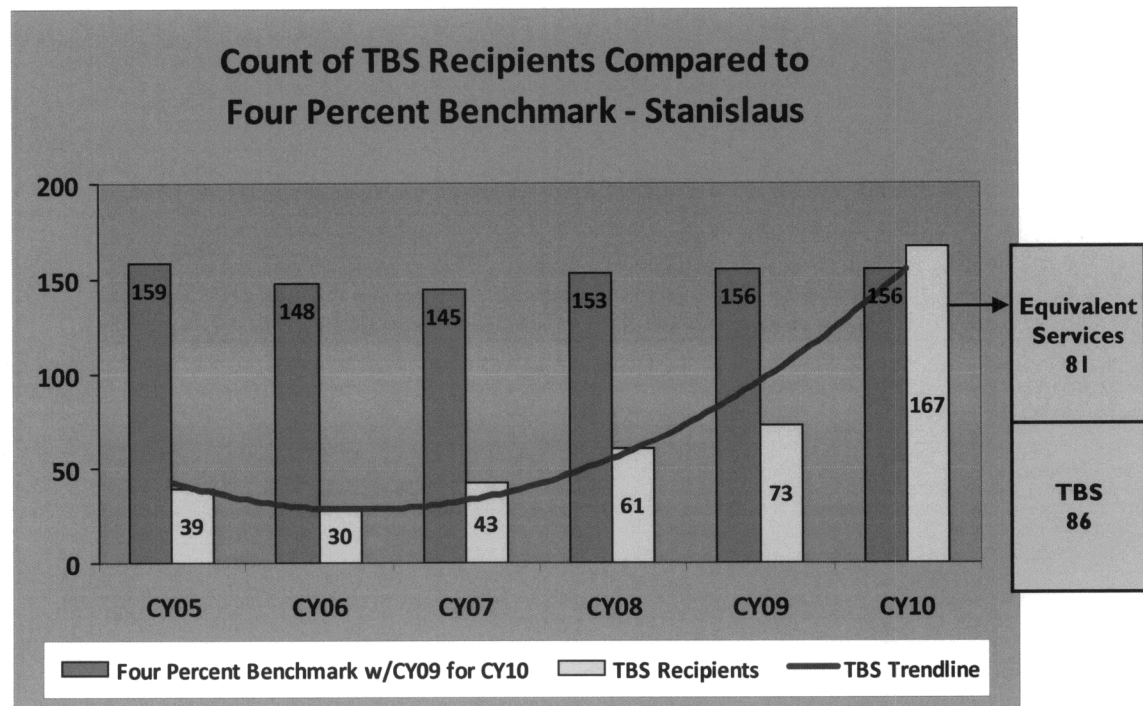
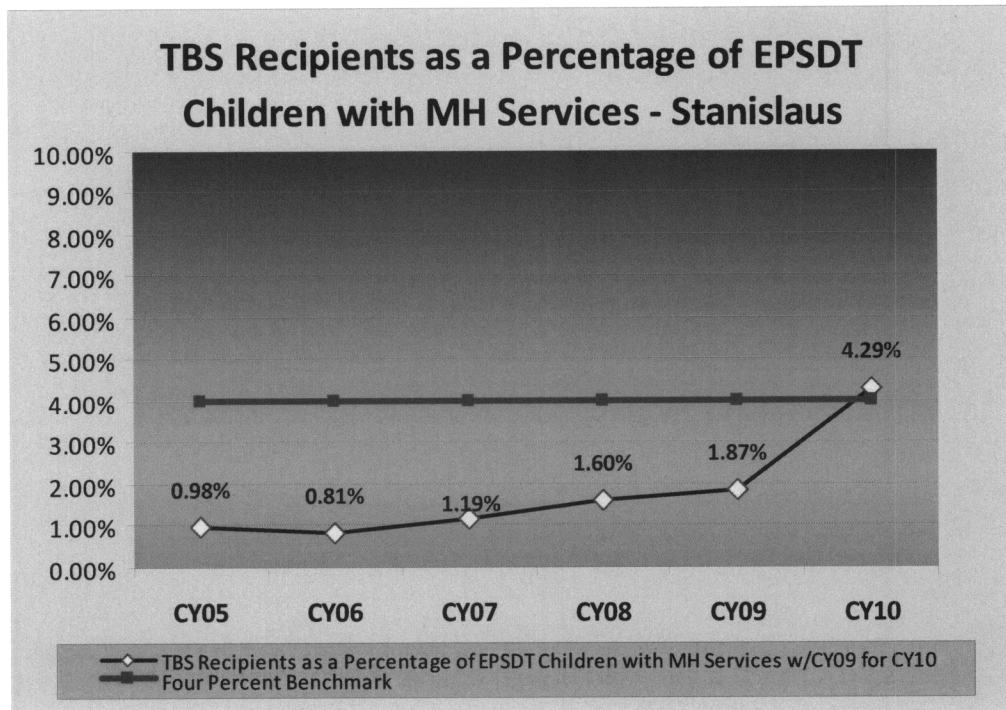


- For CY10, the count of TBS recipients includes 5 from APS analysis of DMH claims files (February, 2011), an additional 21 from MHP Director certified self-report (as of April, 2011) and 59 with TBS Equivalent Services as certified by the Special Master (as of April, 2011).
- The MHP Director certified self-report includes a projected count for FY10-11 based on a trajectory approved by the Special Master.

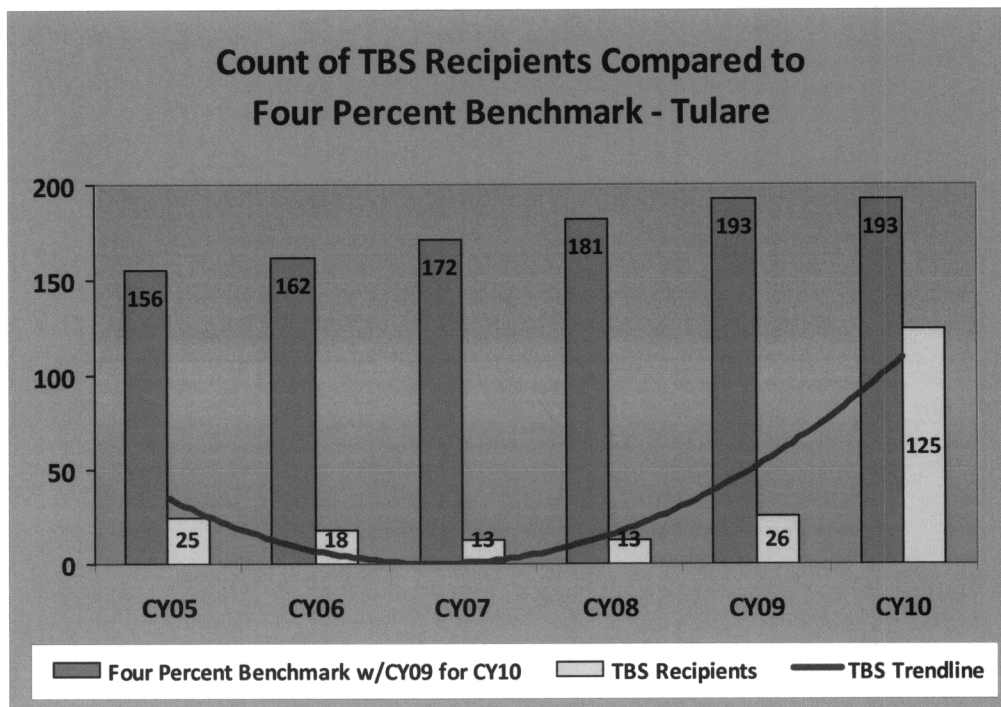
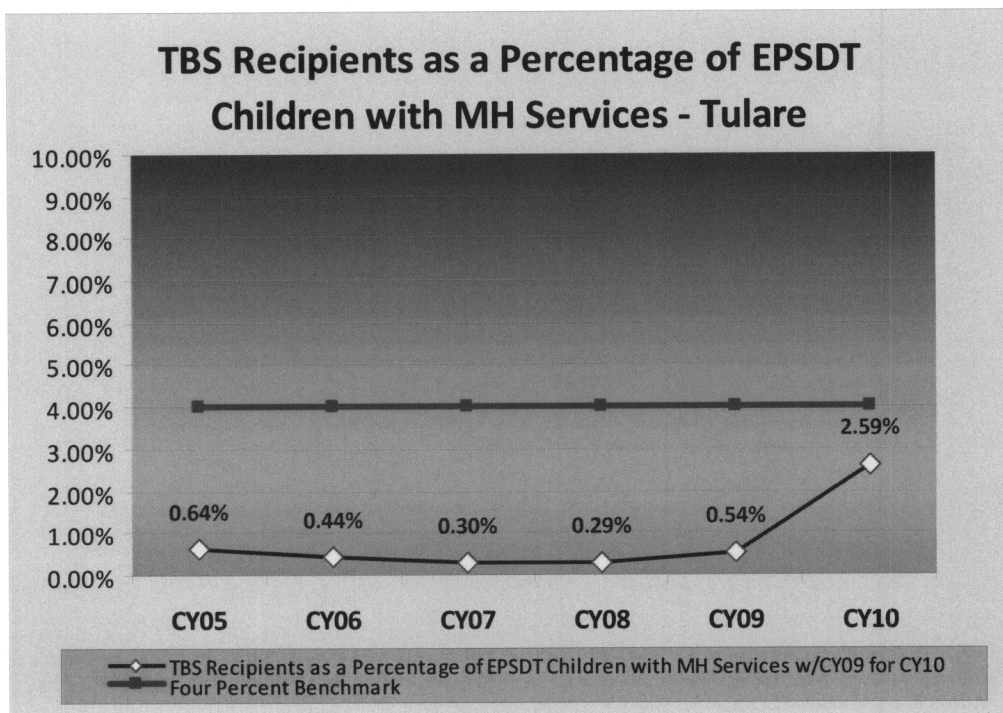


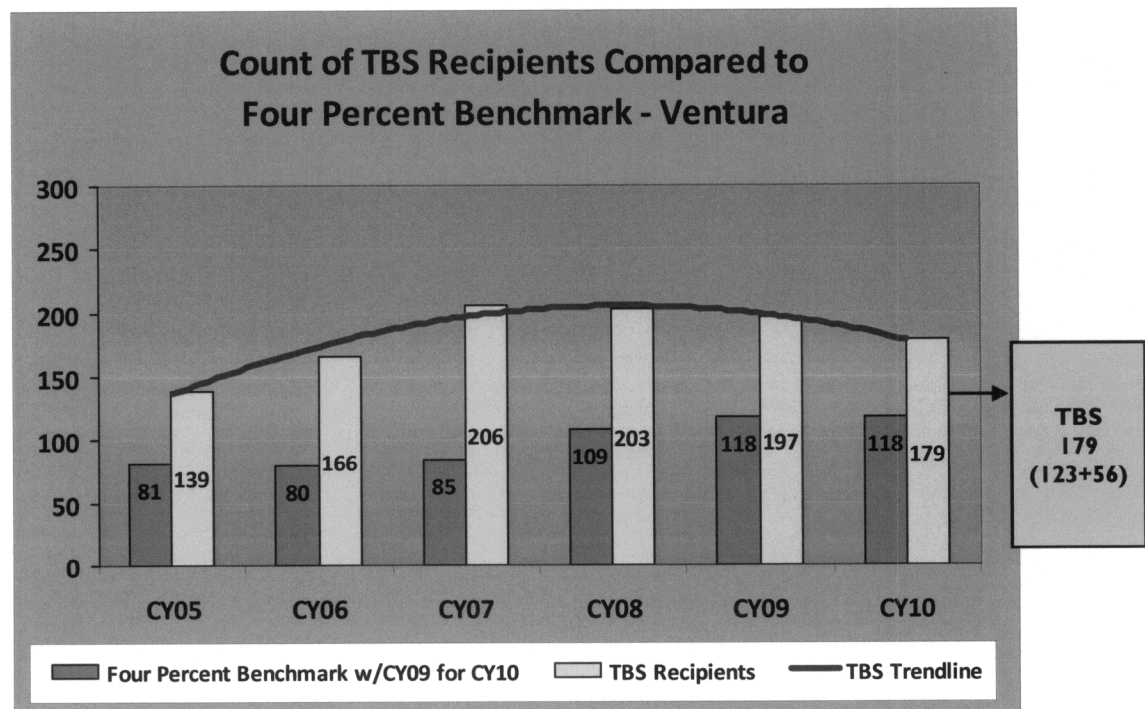
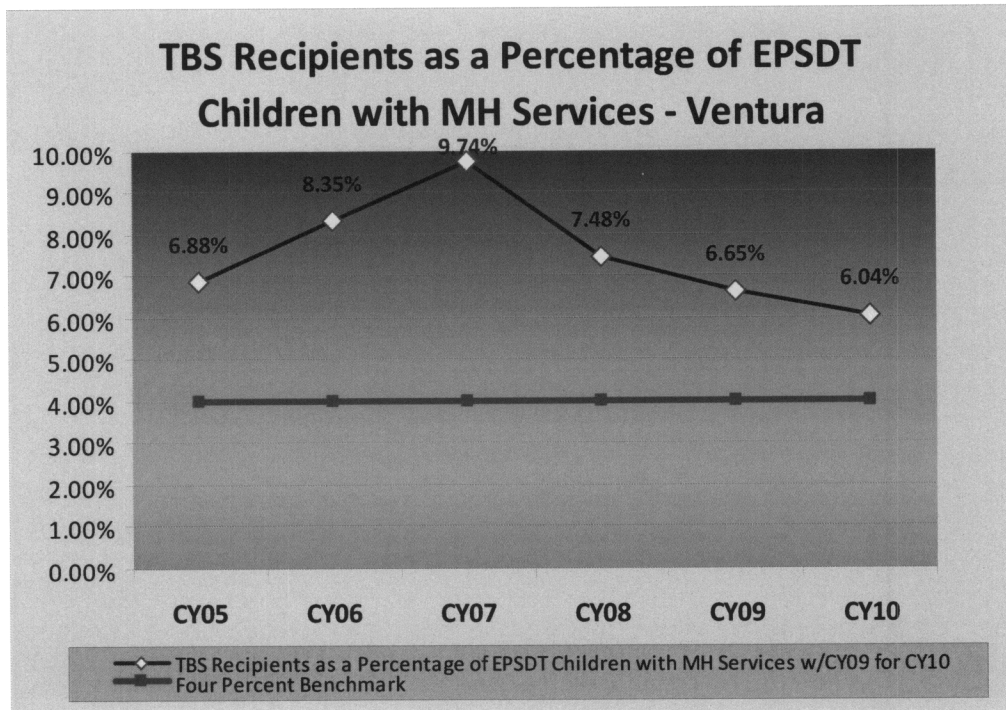


- For CY10, the count of TBS recipients includes 30 from APS analysis of DMH claims files (February, 2011) and an additional 21 from MHP Director certified self-report (as of March, 2011).



- For CY10, the count of TBS recipients includes 86 from APS analysis of DMH claims files (February, 2011) and 81 with TBS Equivalent Services as certified by the Special Master (as of March, 2011).



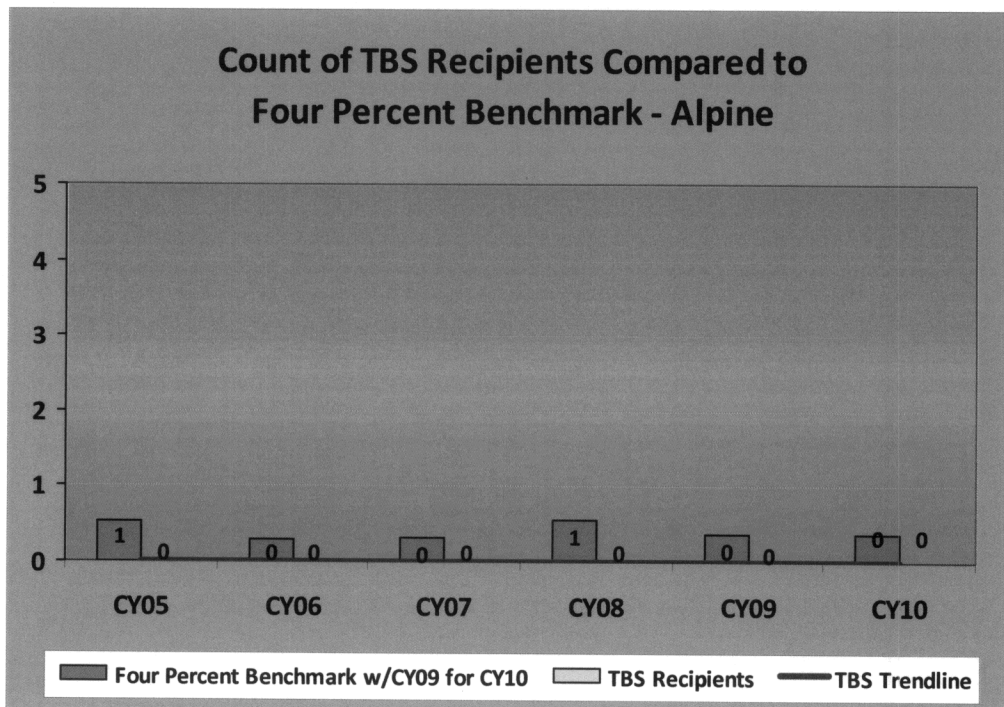
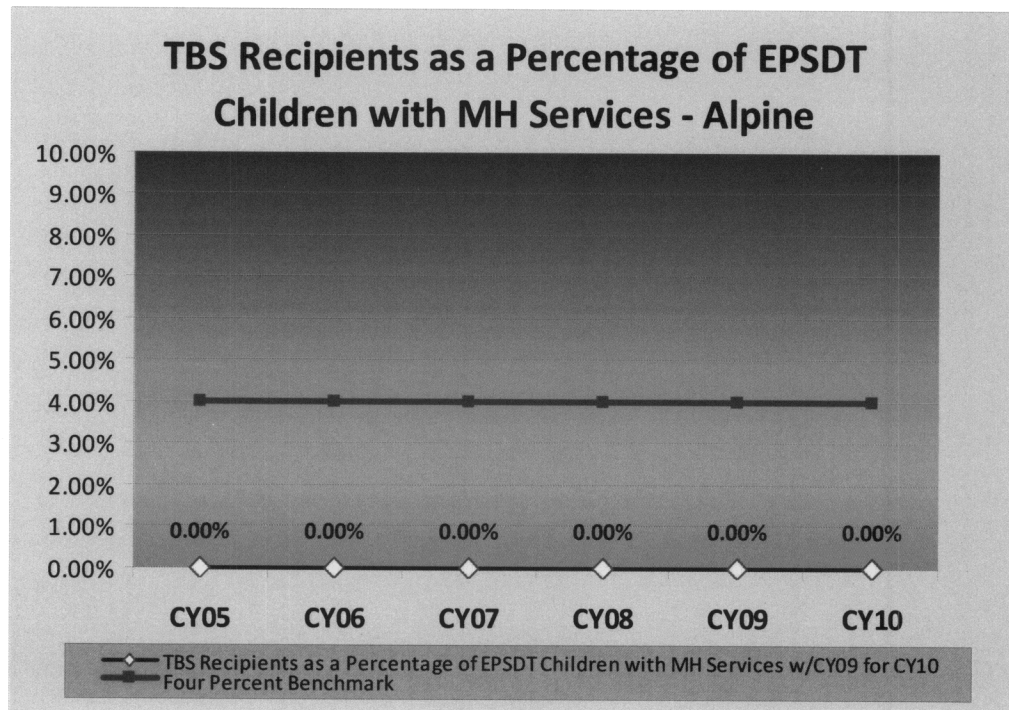


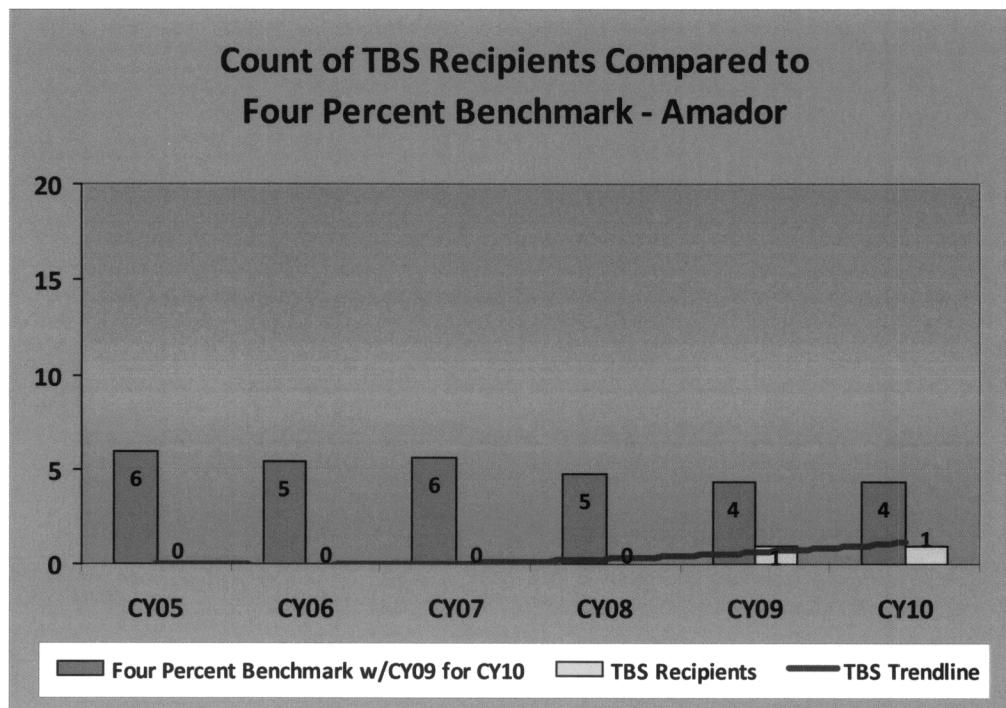
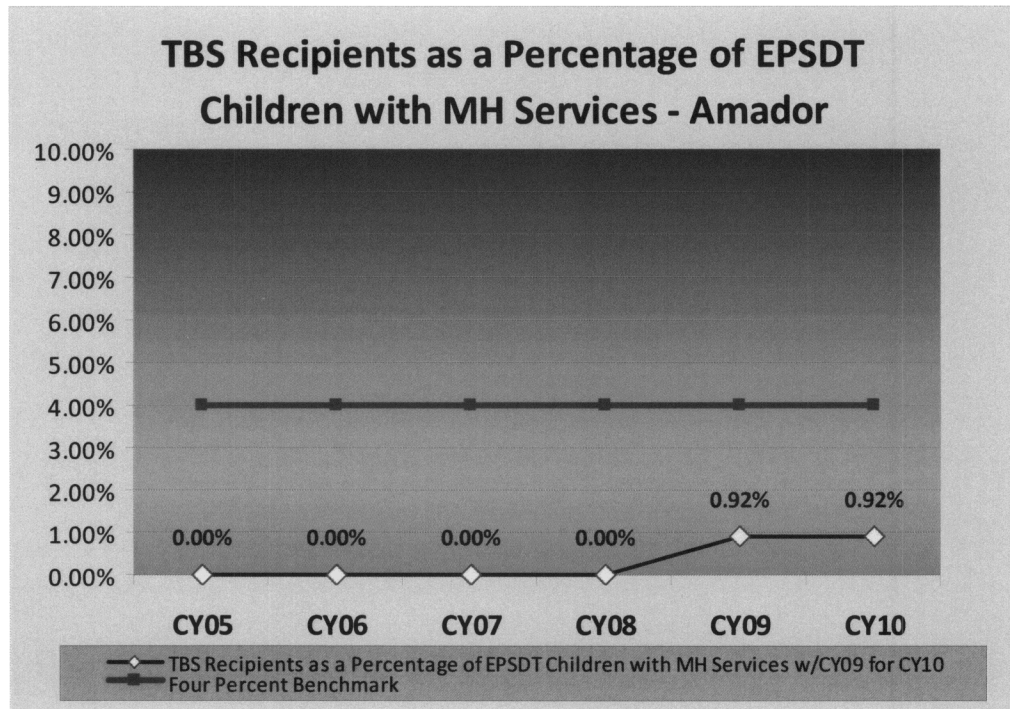
- For CY10, the count of TBS recipients includes 123 from APS analysis of DMH claims files (February, 2011) and an additional 56 from MHP self-report (as of March, 2011).

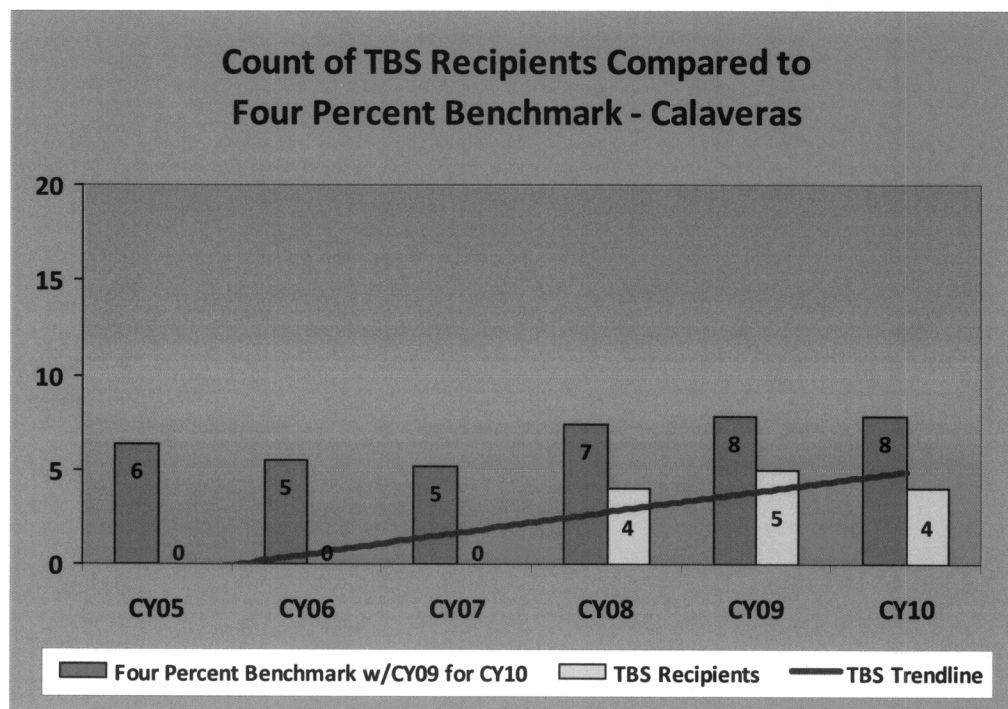
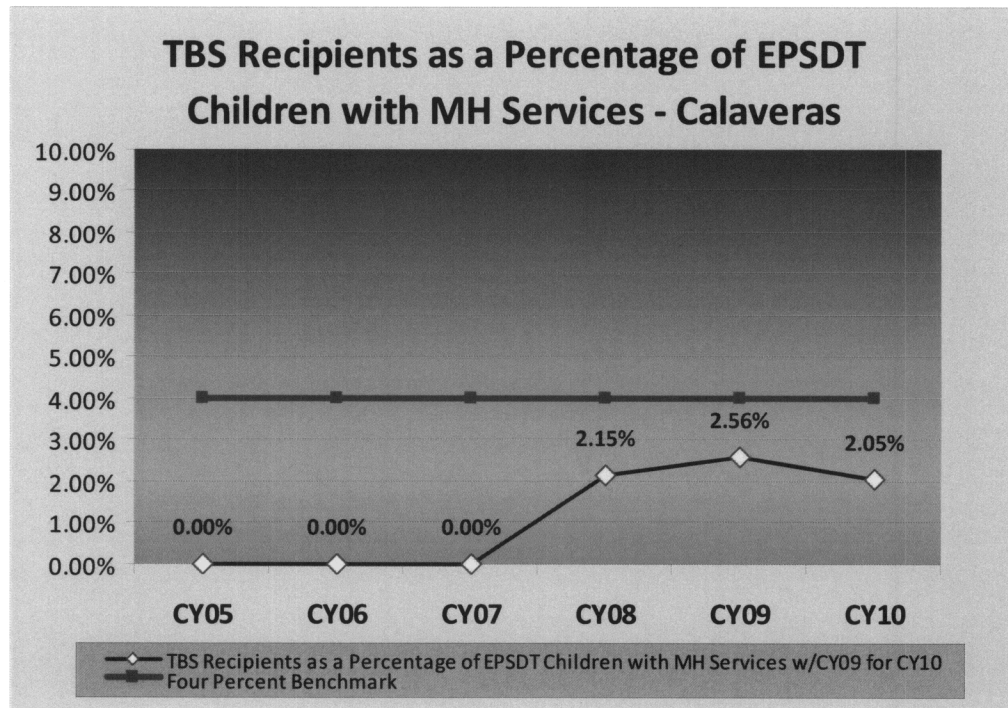
ECF DIVIDER

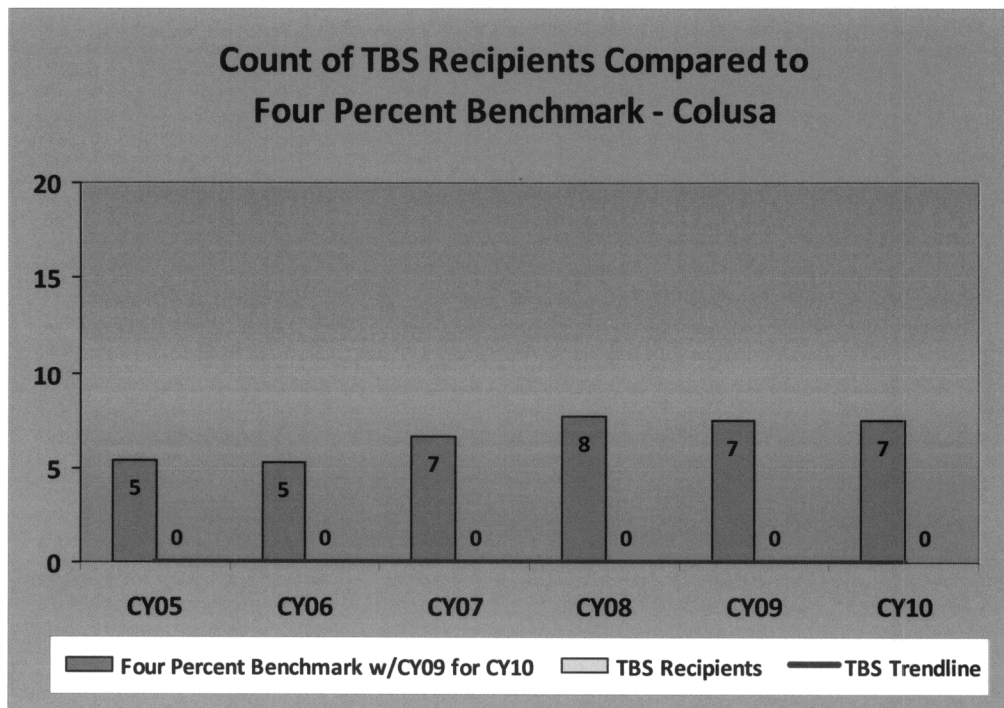
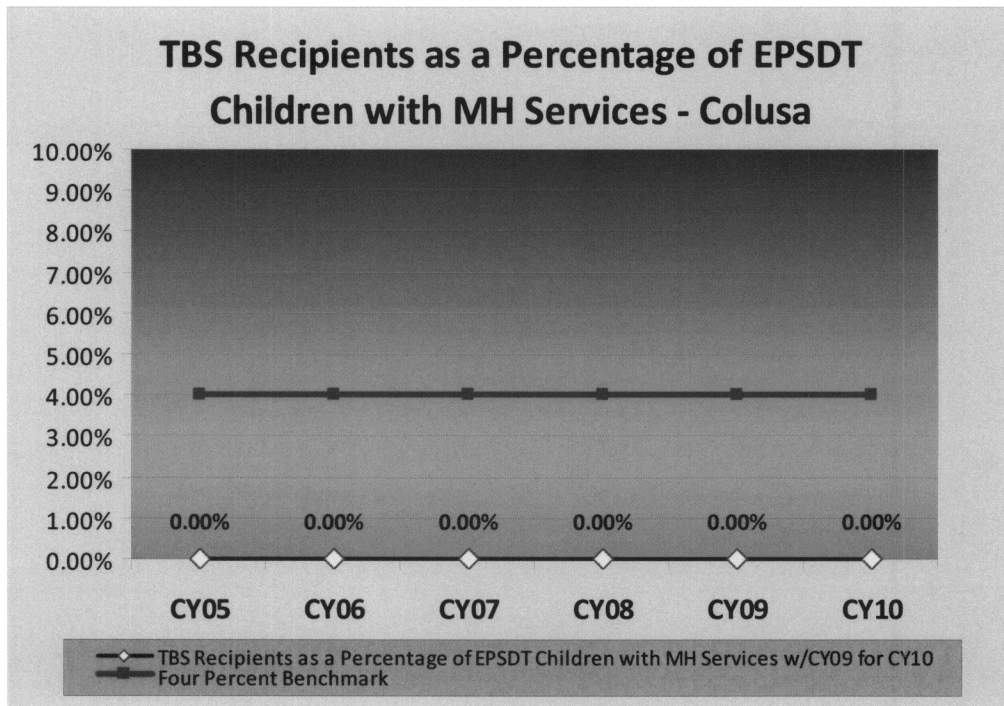
**EXHIBIT "C" TO SPECIAL MASTER'S FINAL REPORT – COUNTY MHP AND STATE
DATA DASHBOARDS – *PART TWO*: LEVEL I DASHBOARDS**

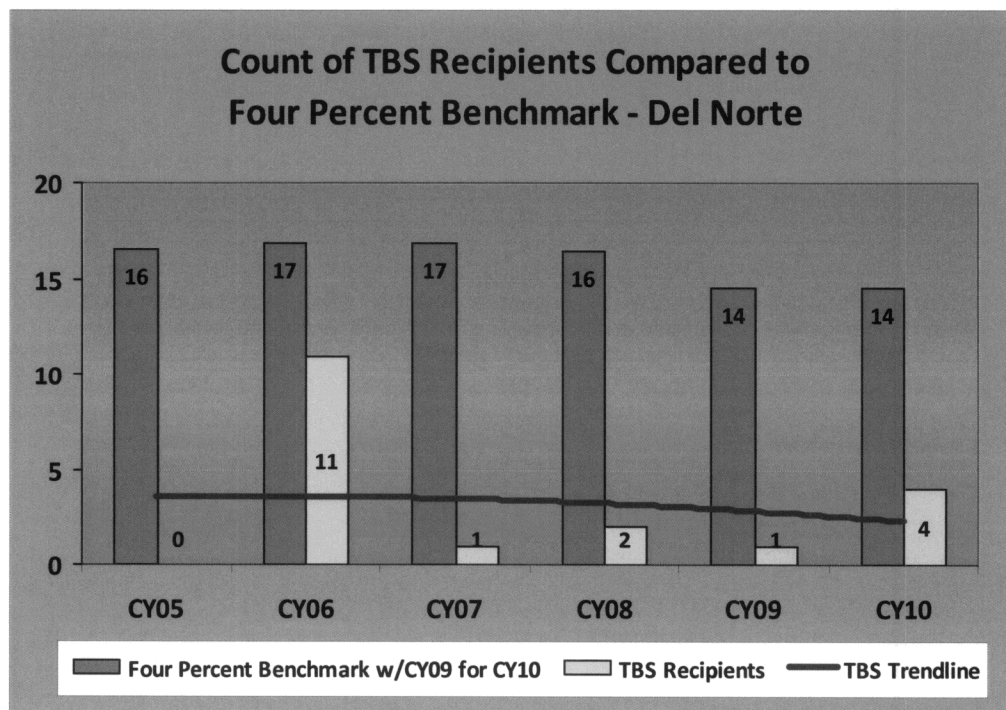
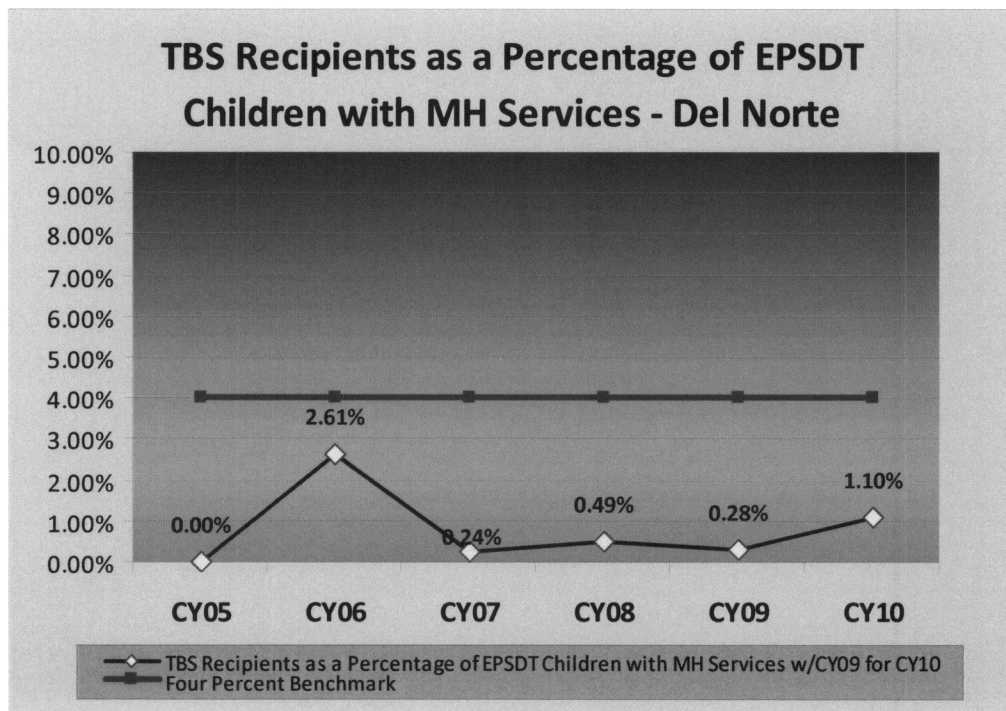
MHP LEVEL ONE DASHBOARDS

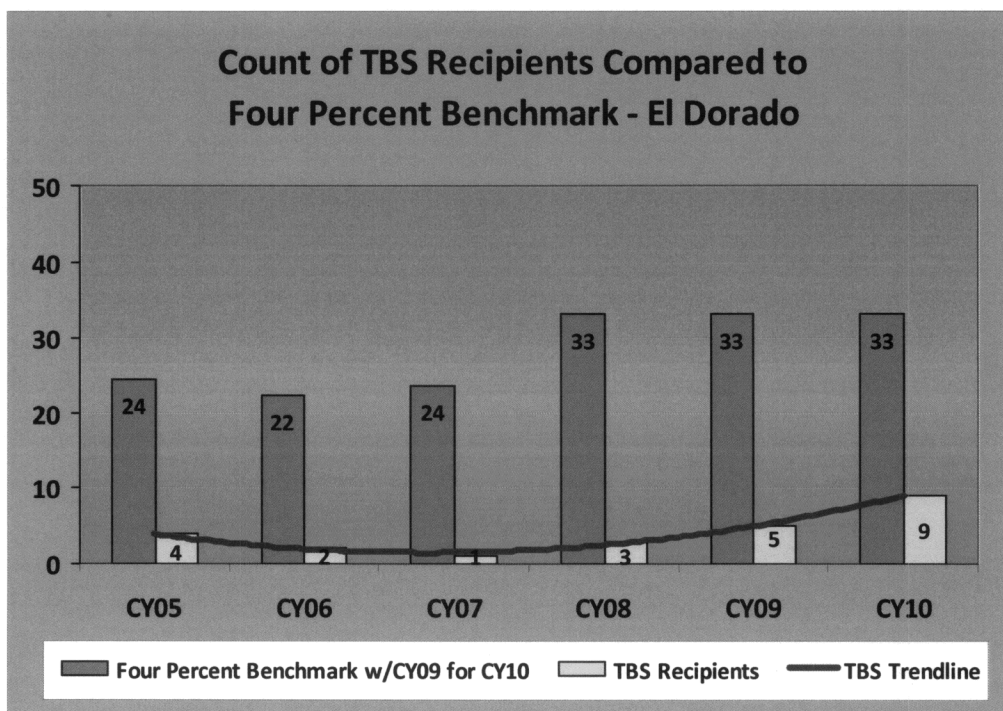
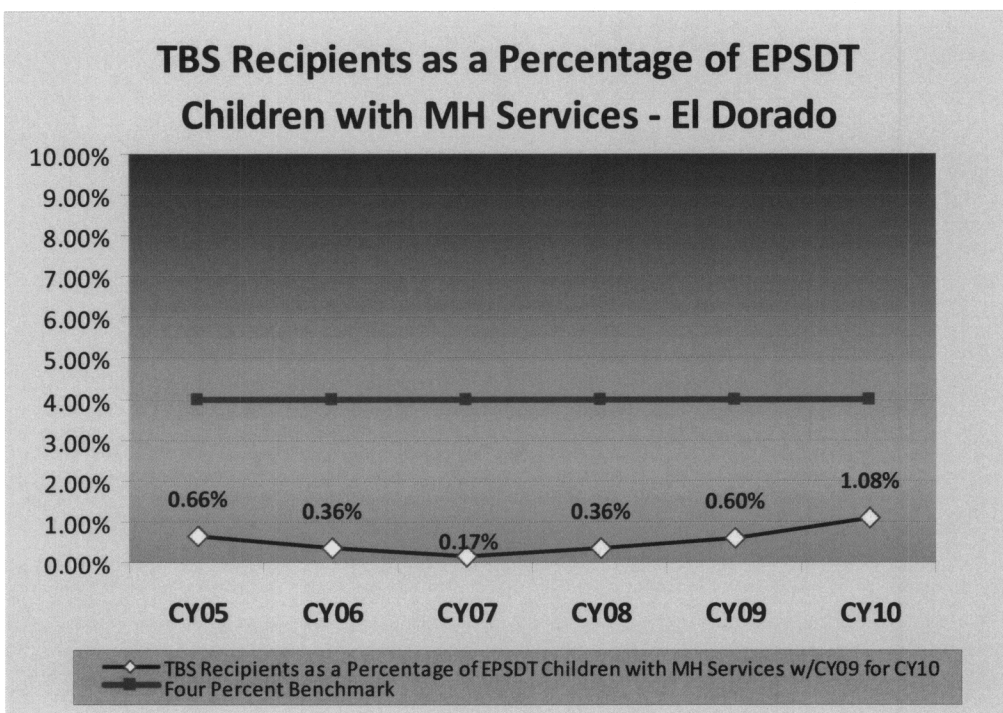


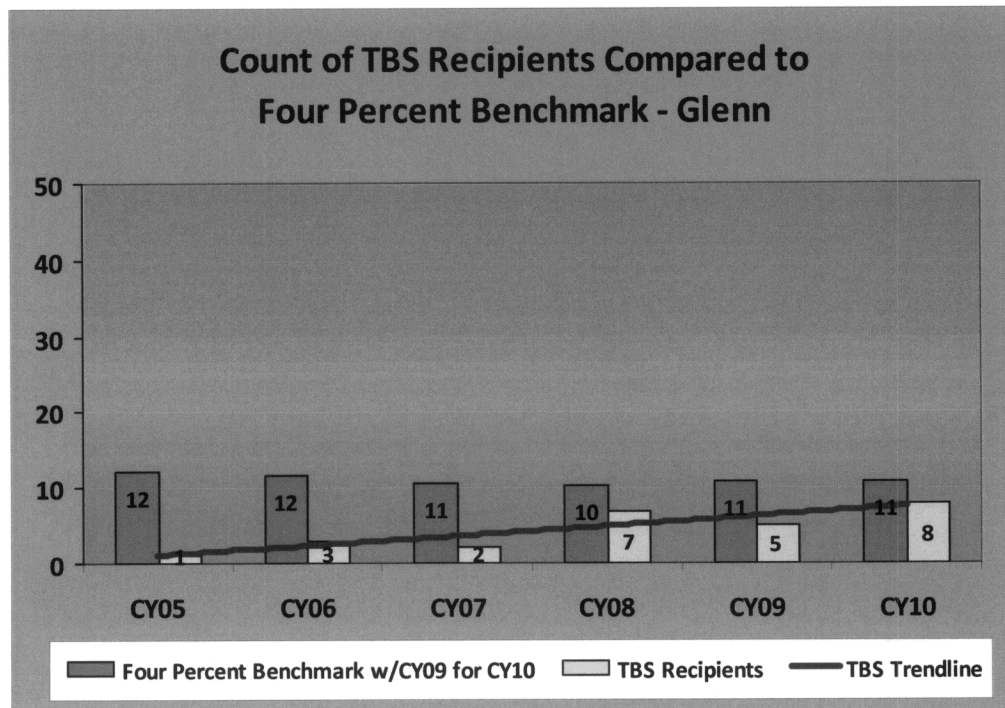
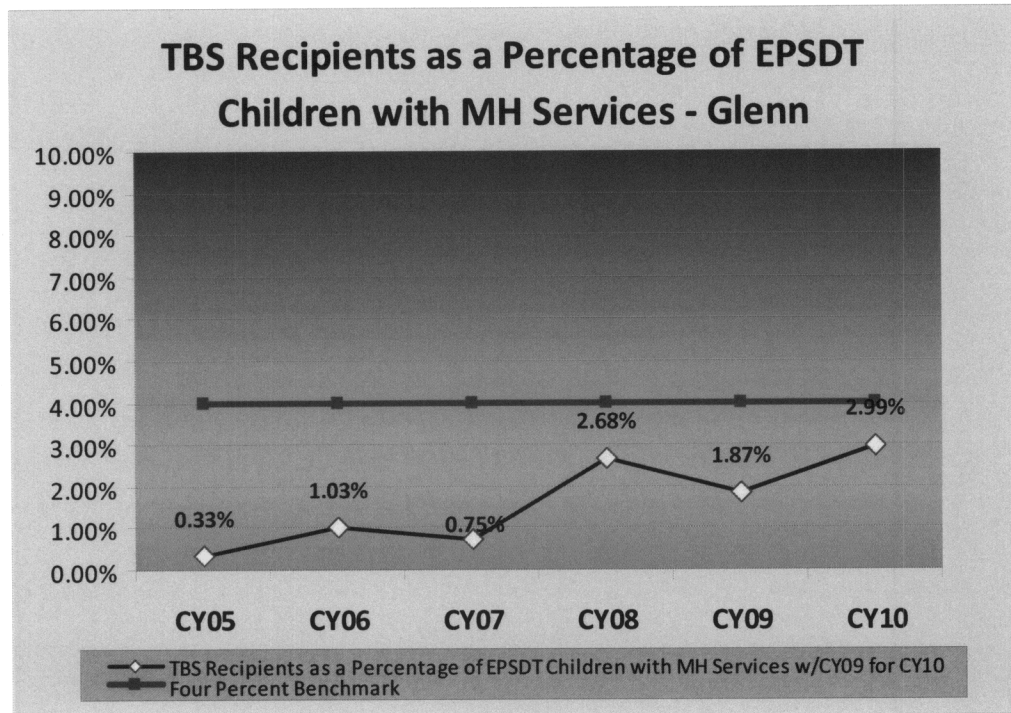


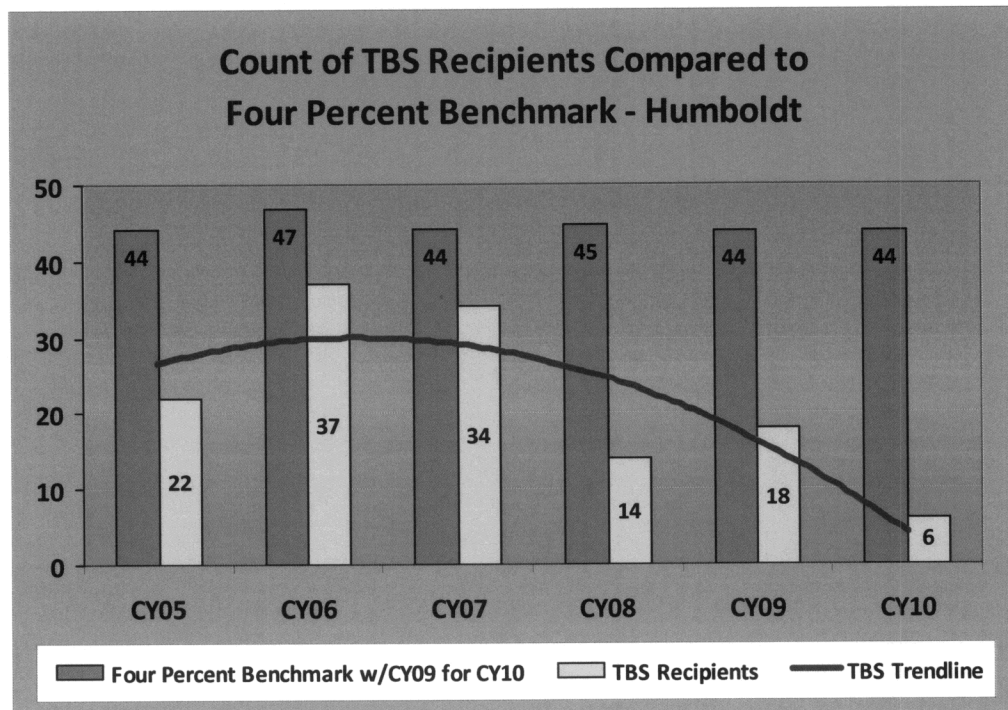
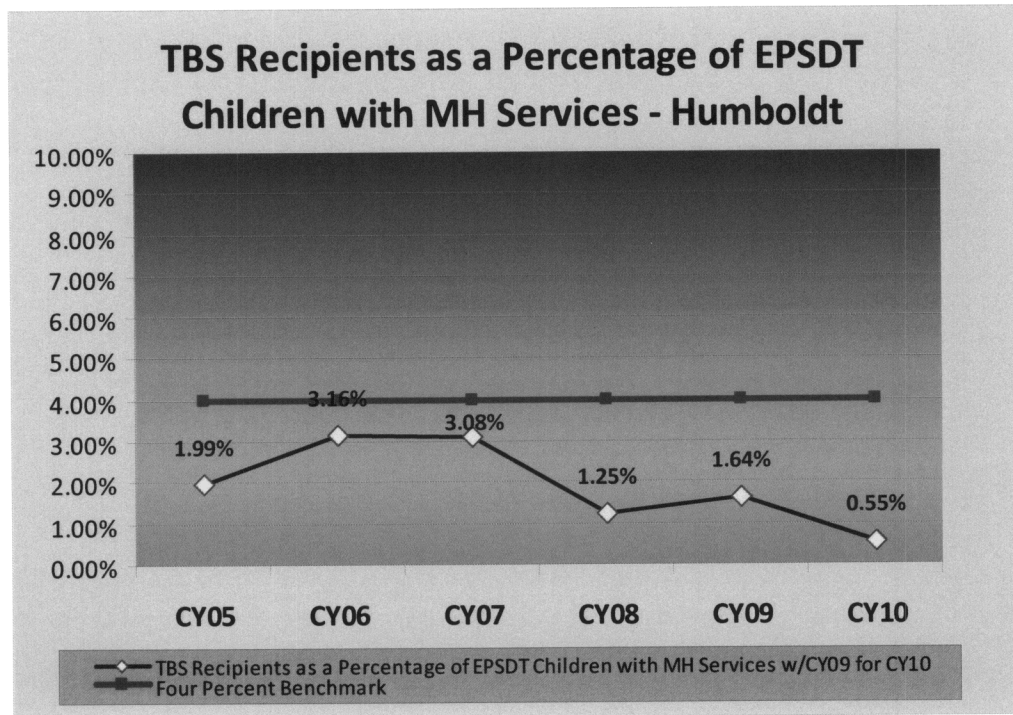


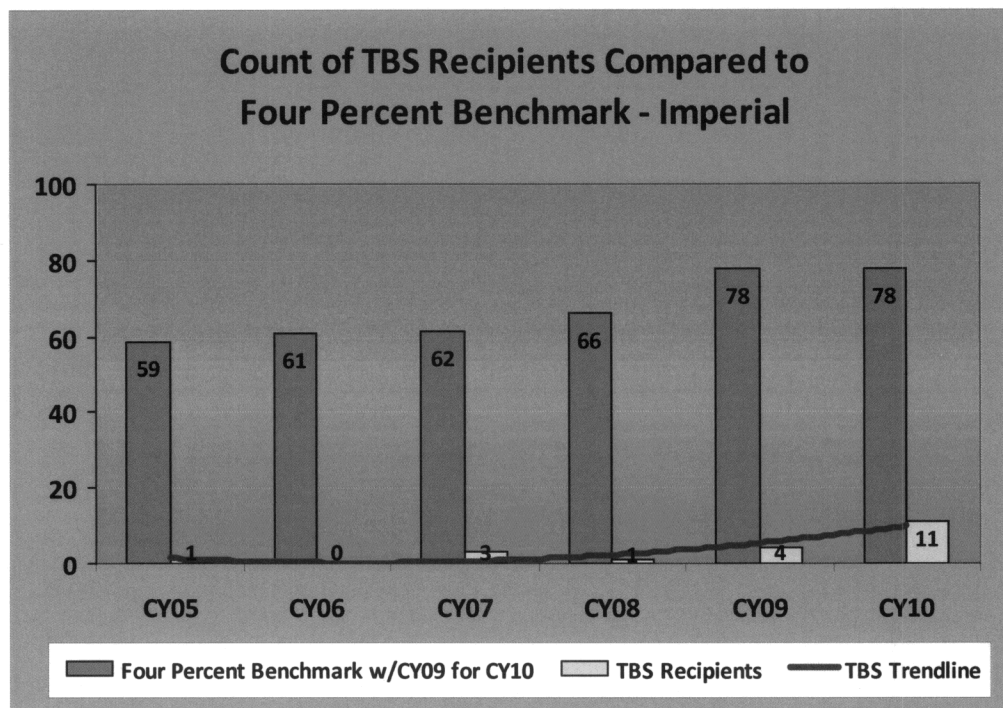
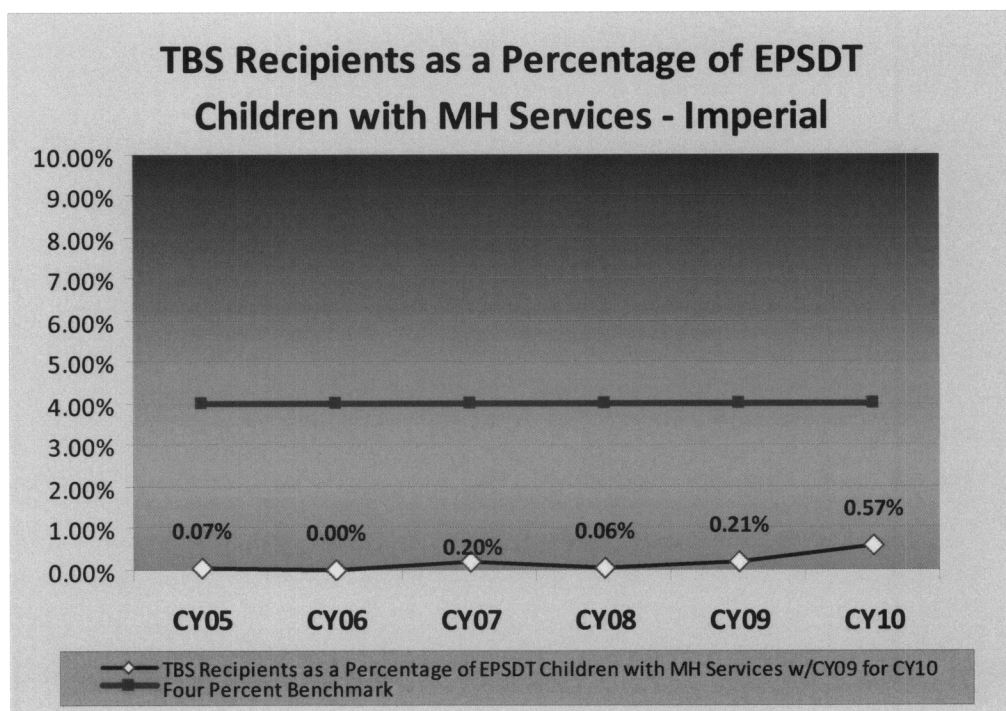


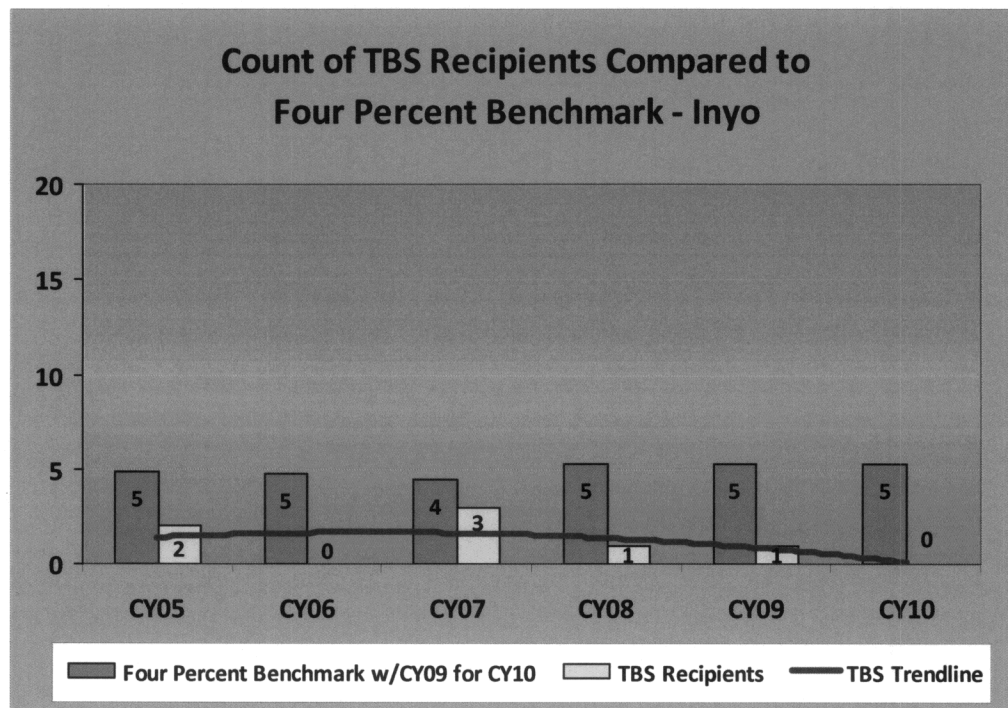
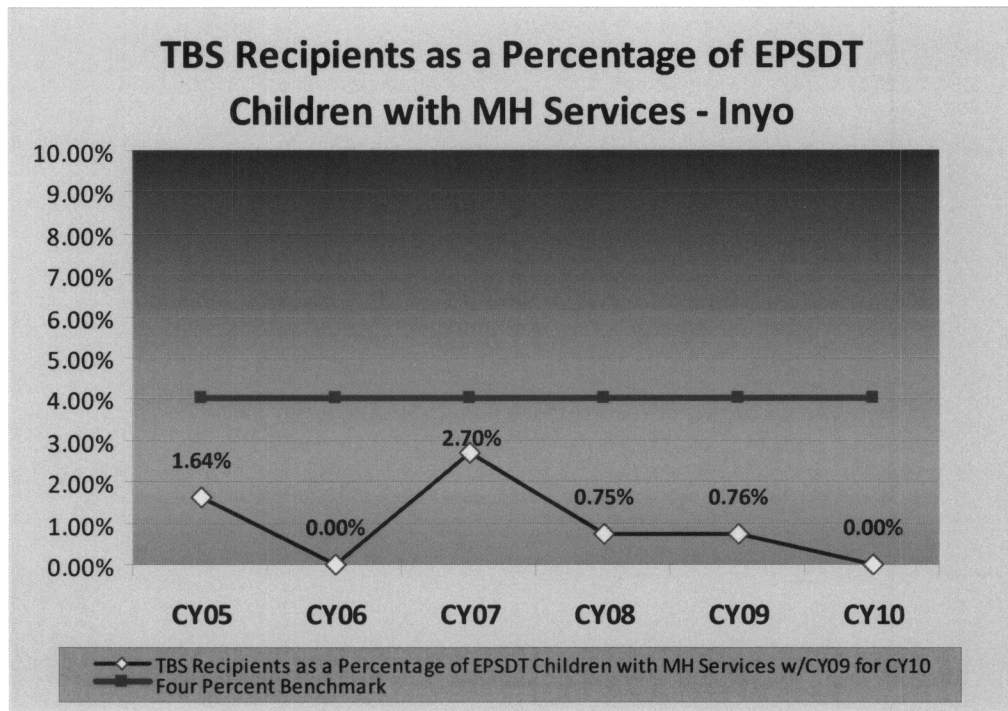


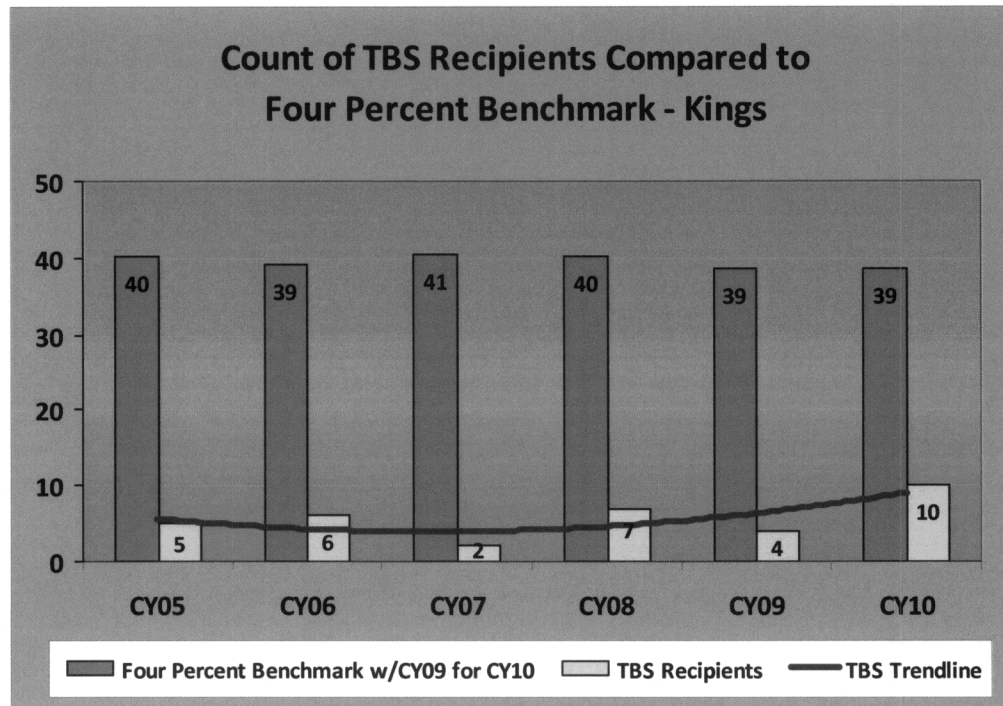
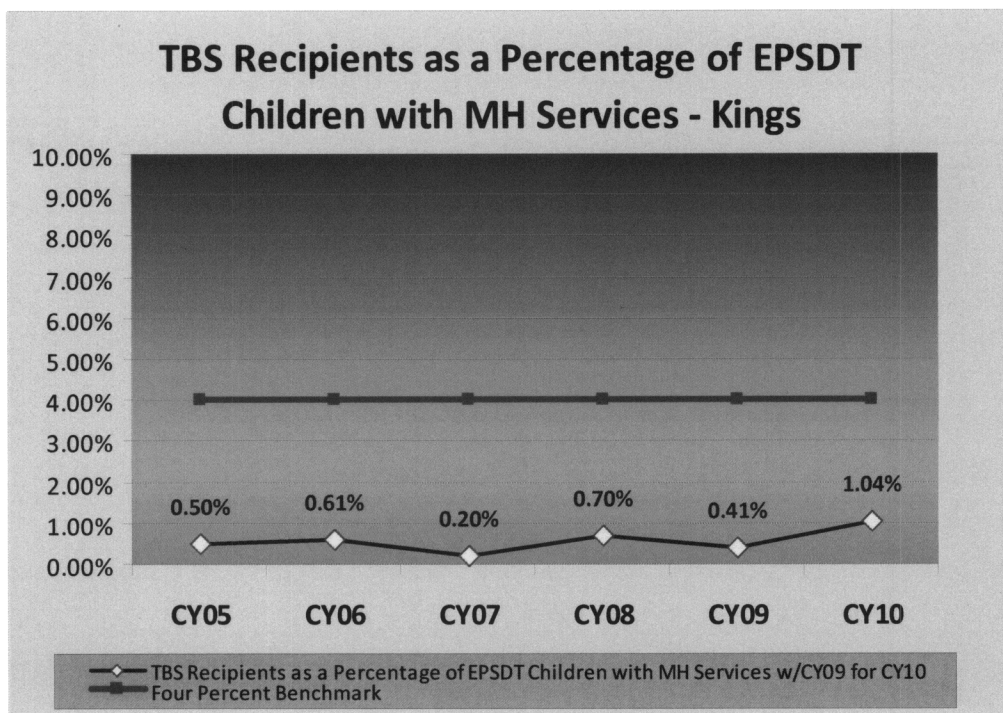


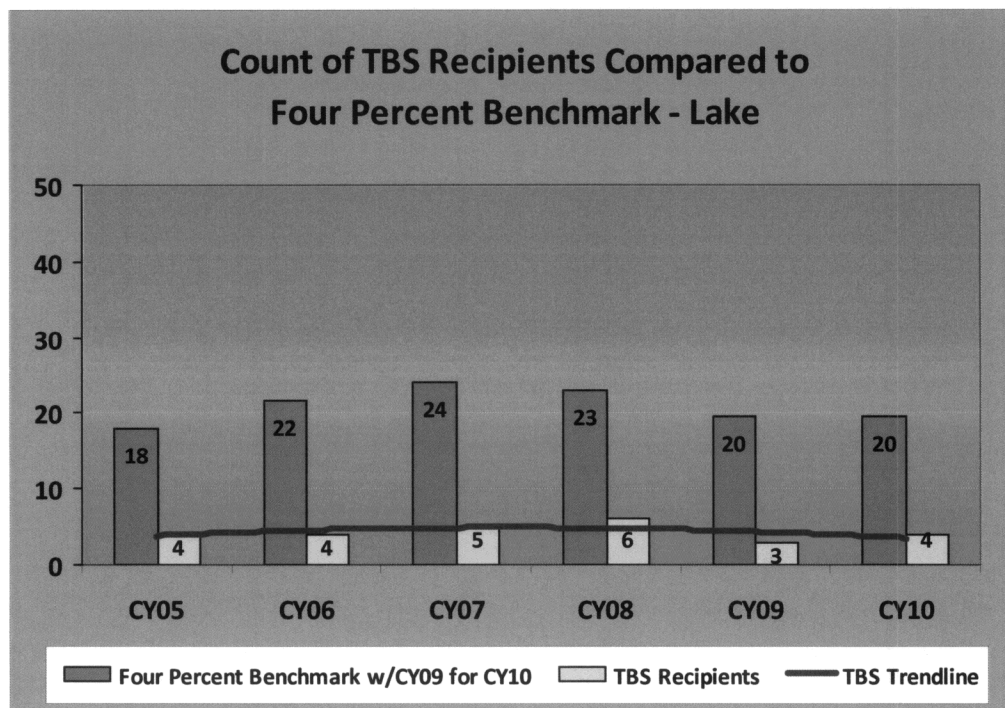
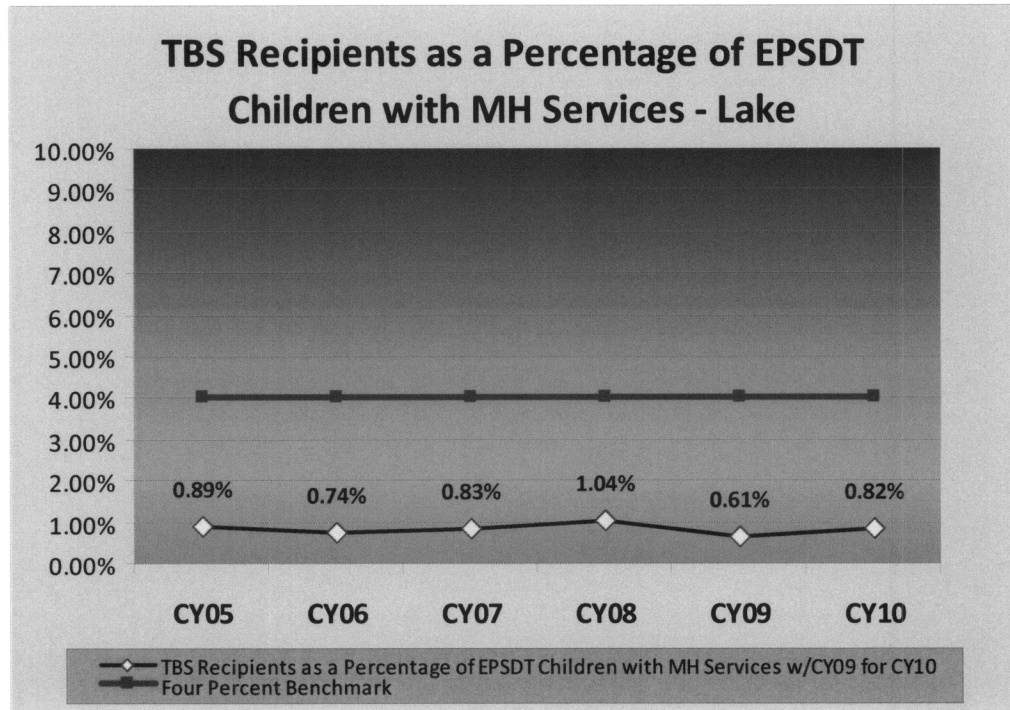


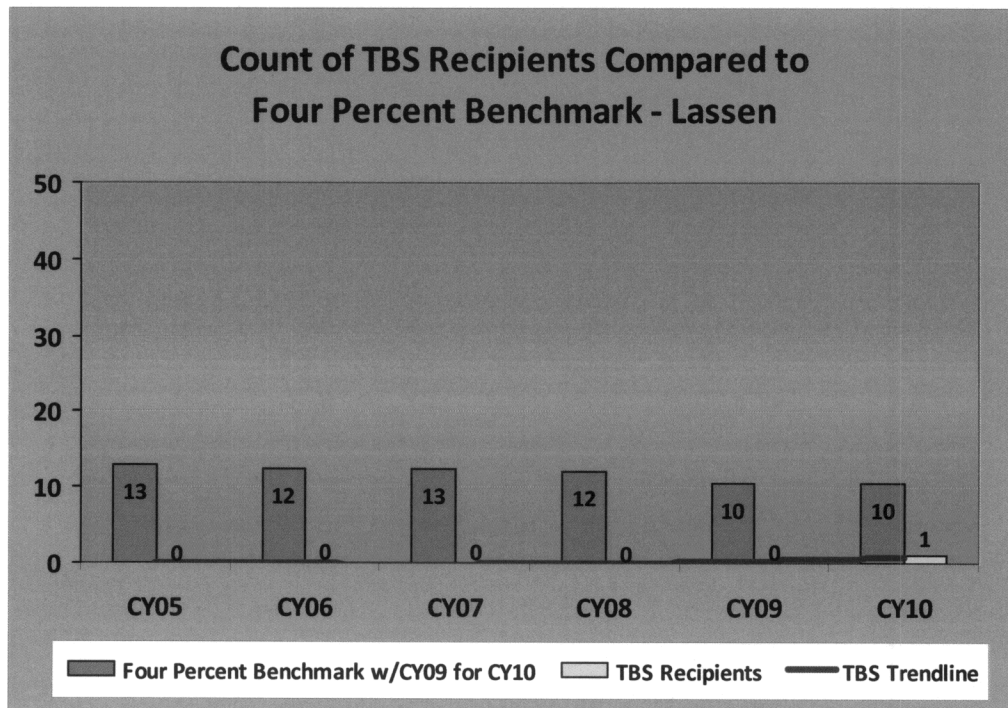
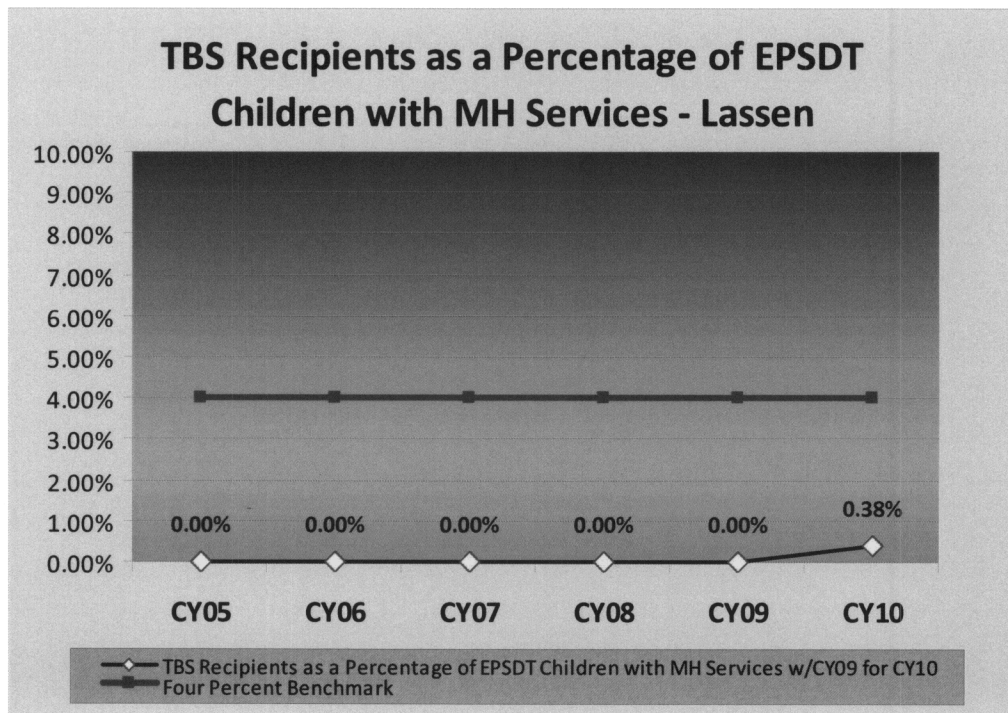


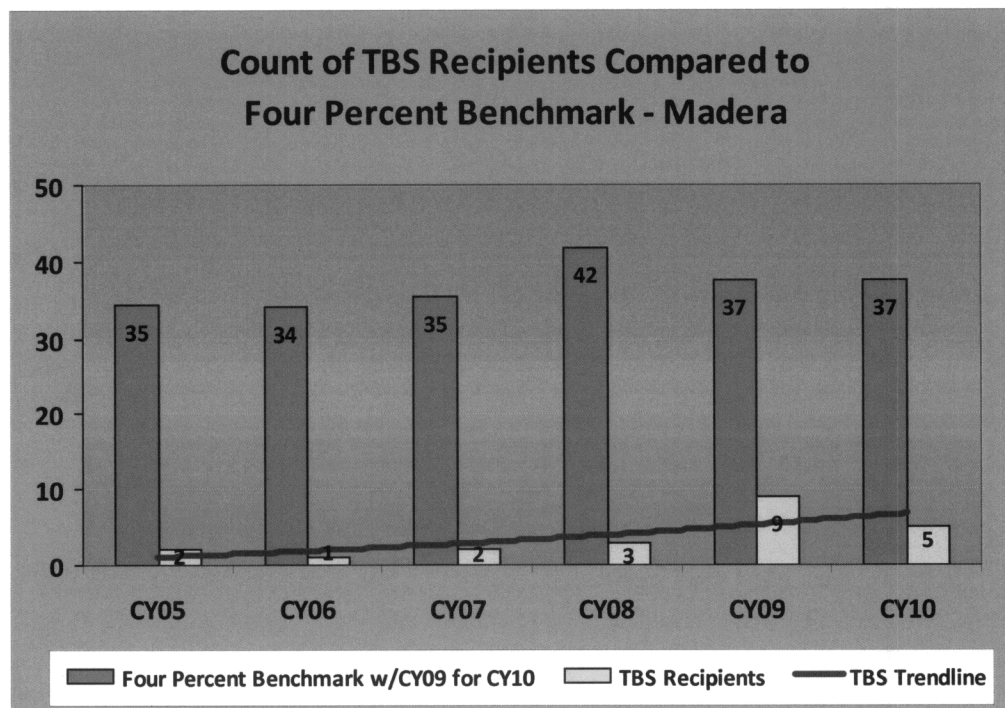
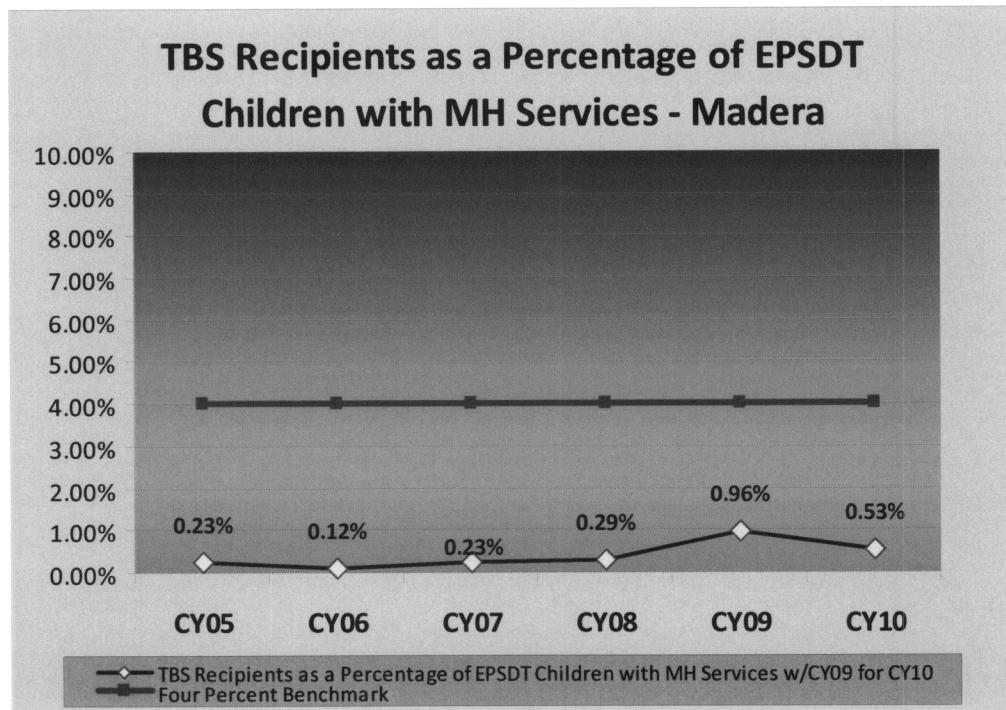


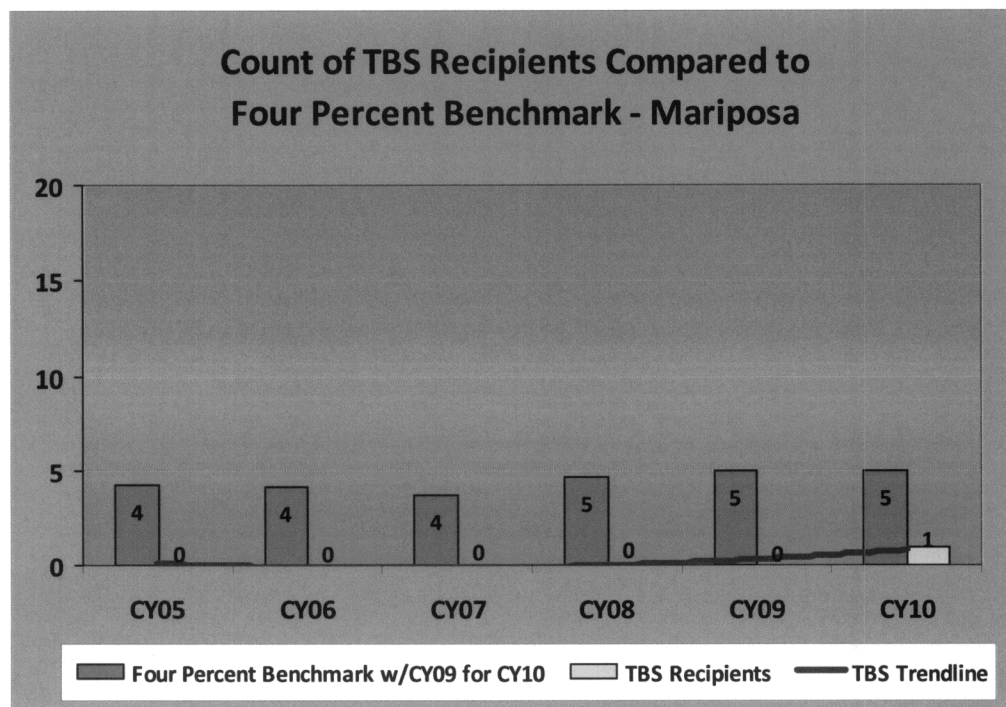
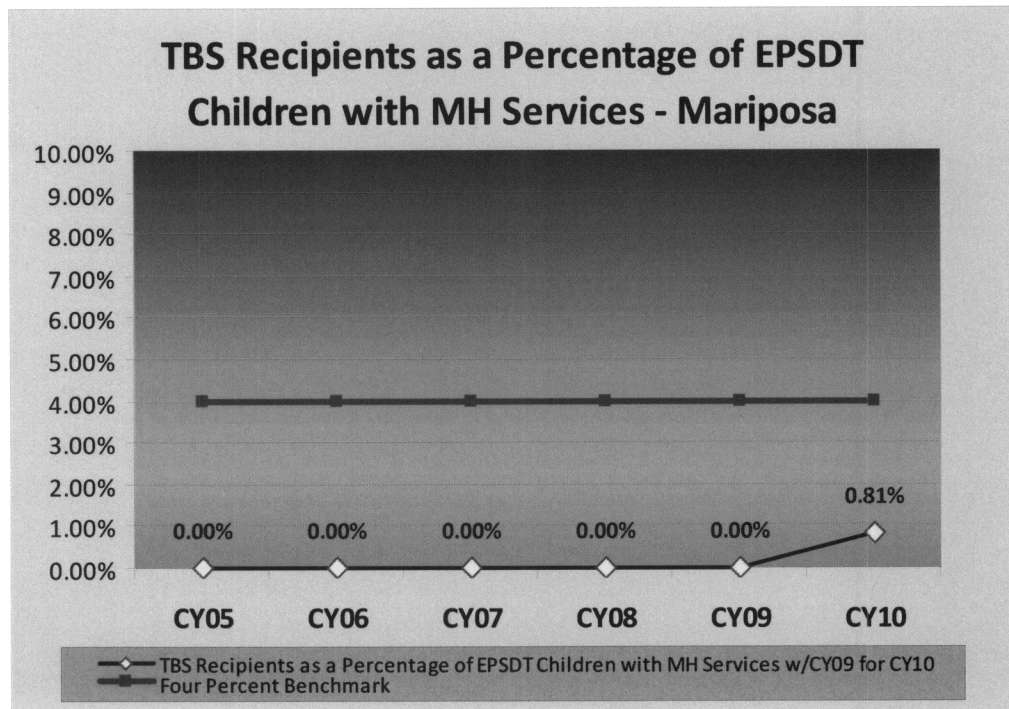


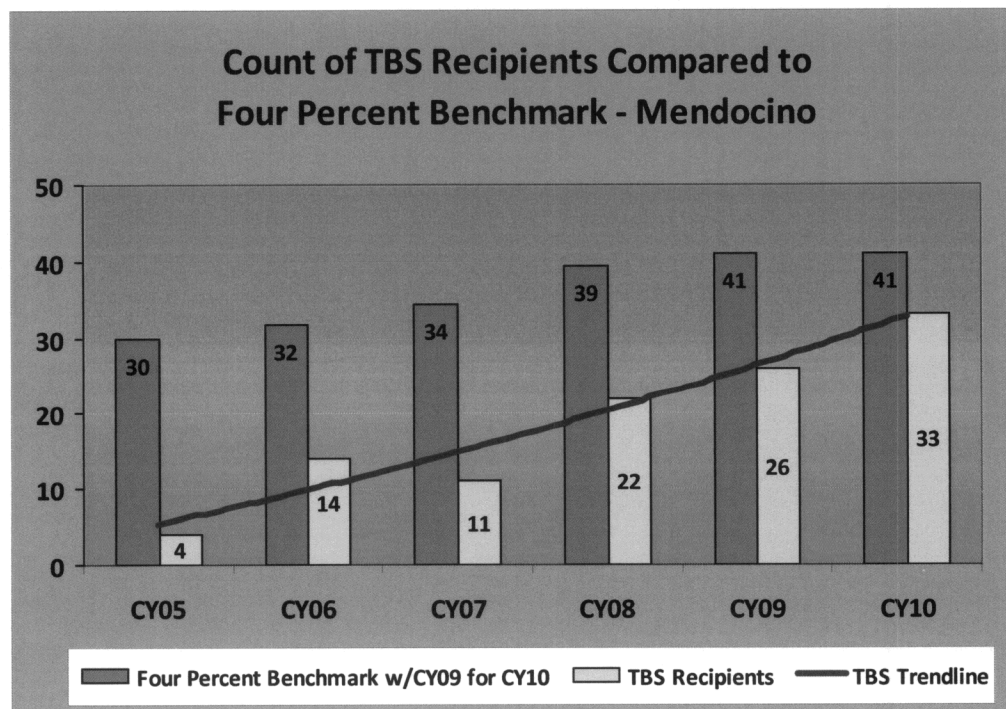
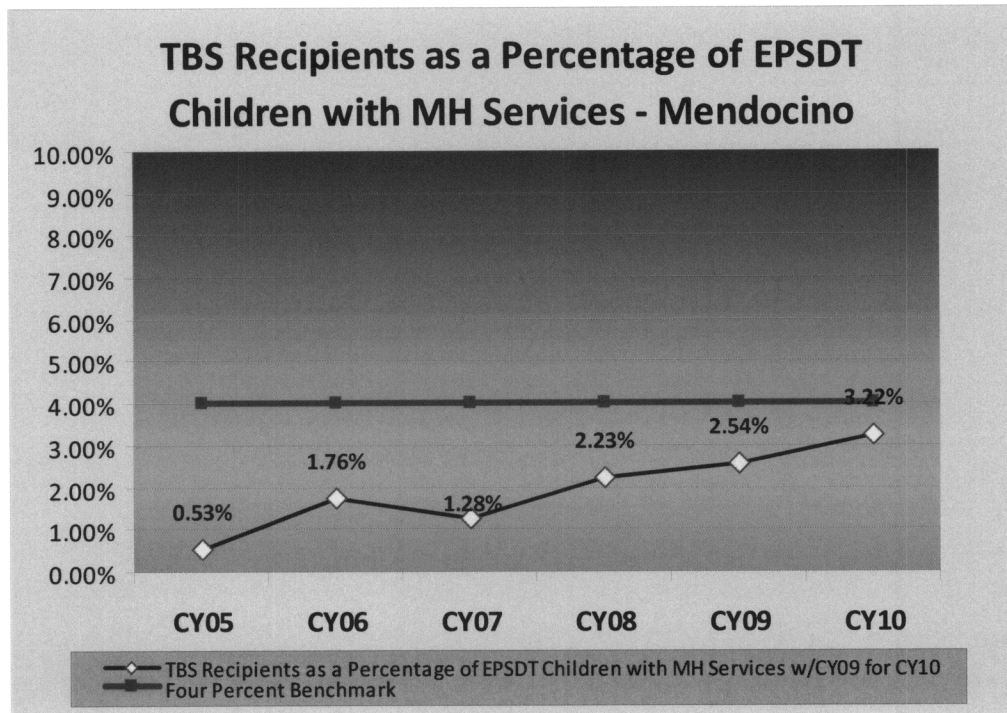


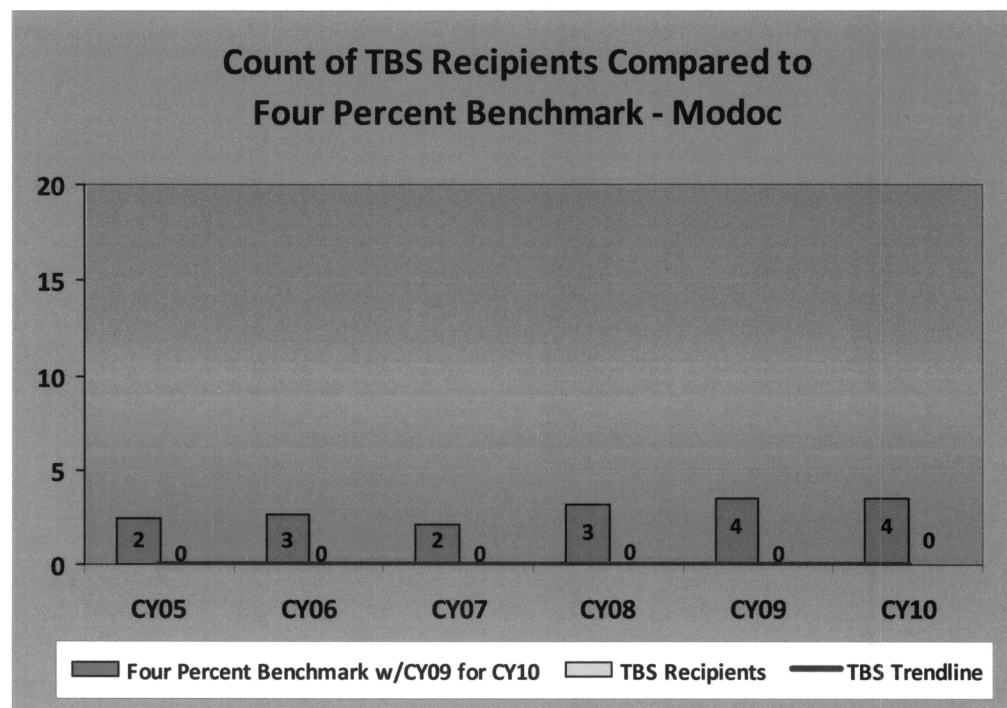
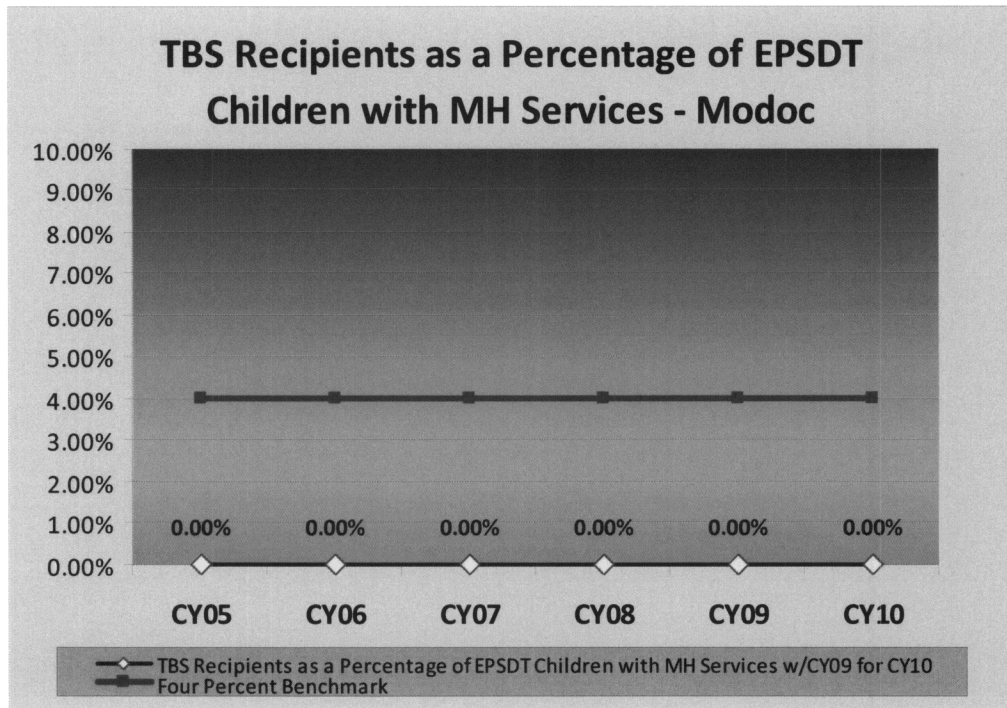


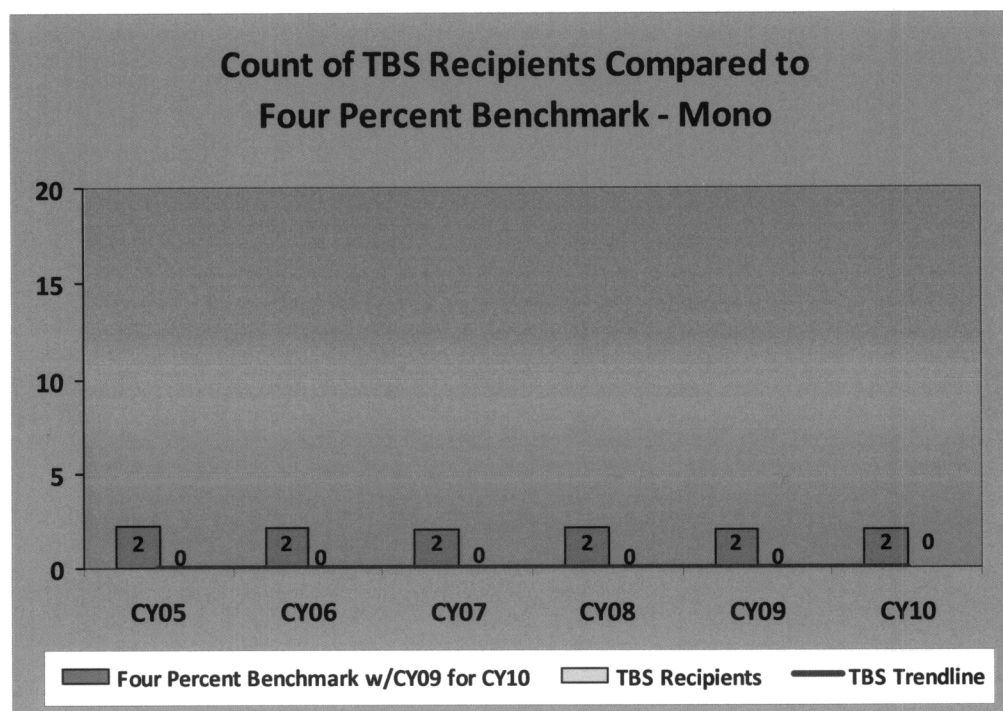
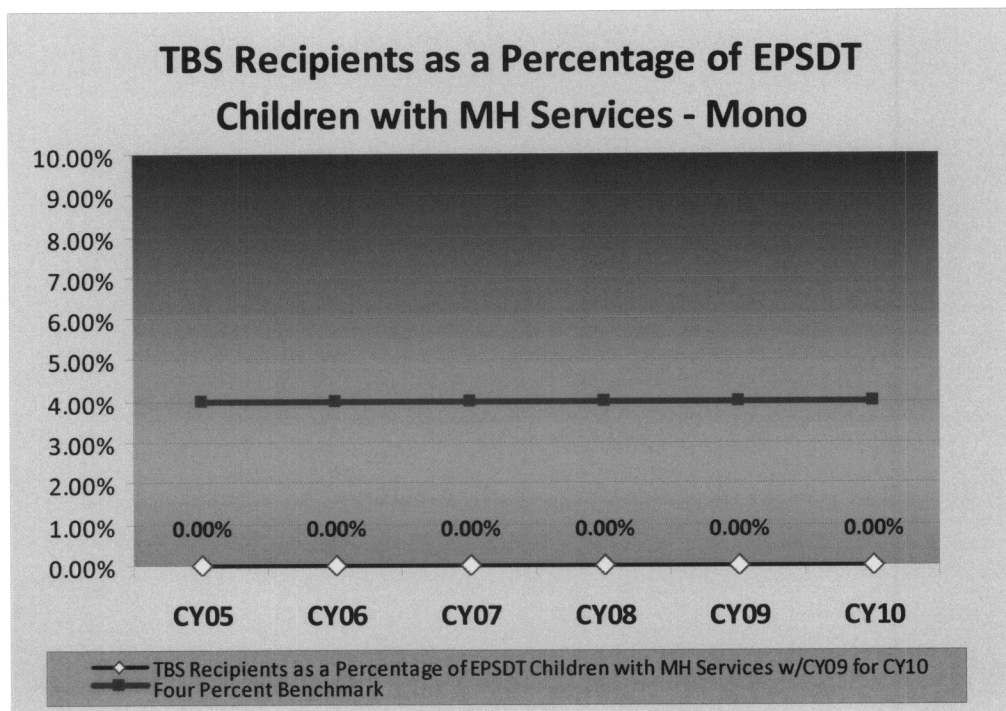


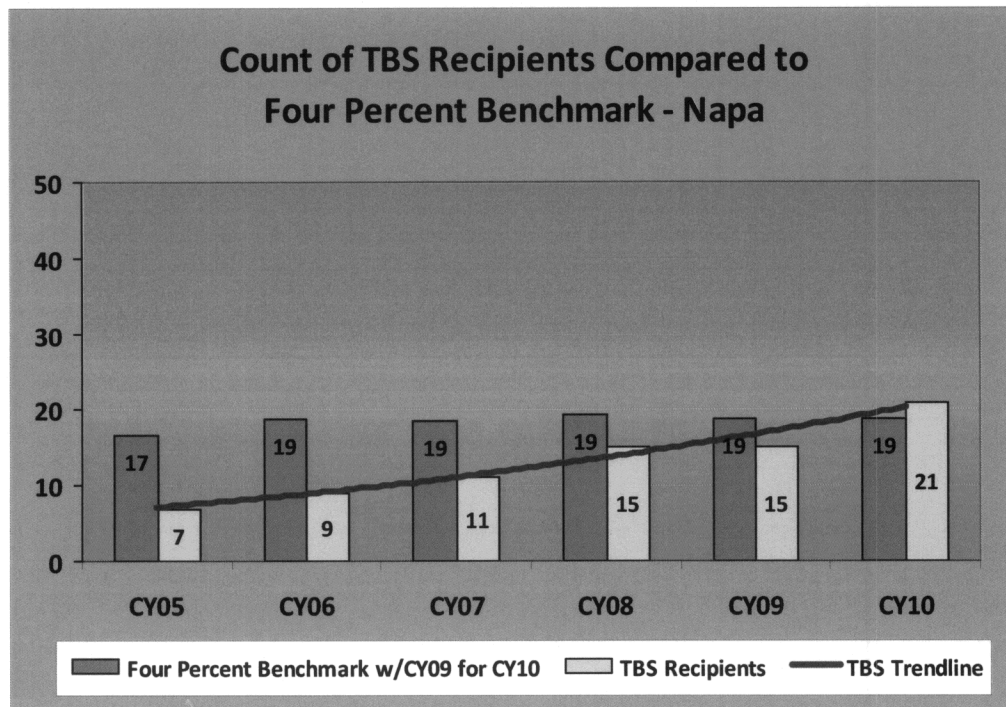
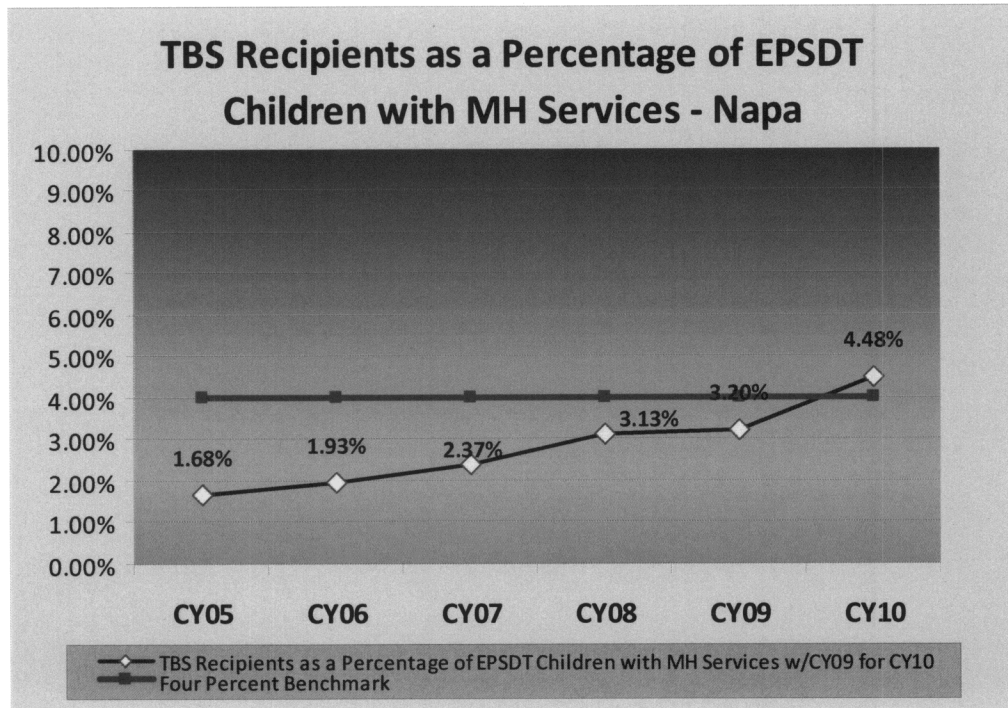


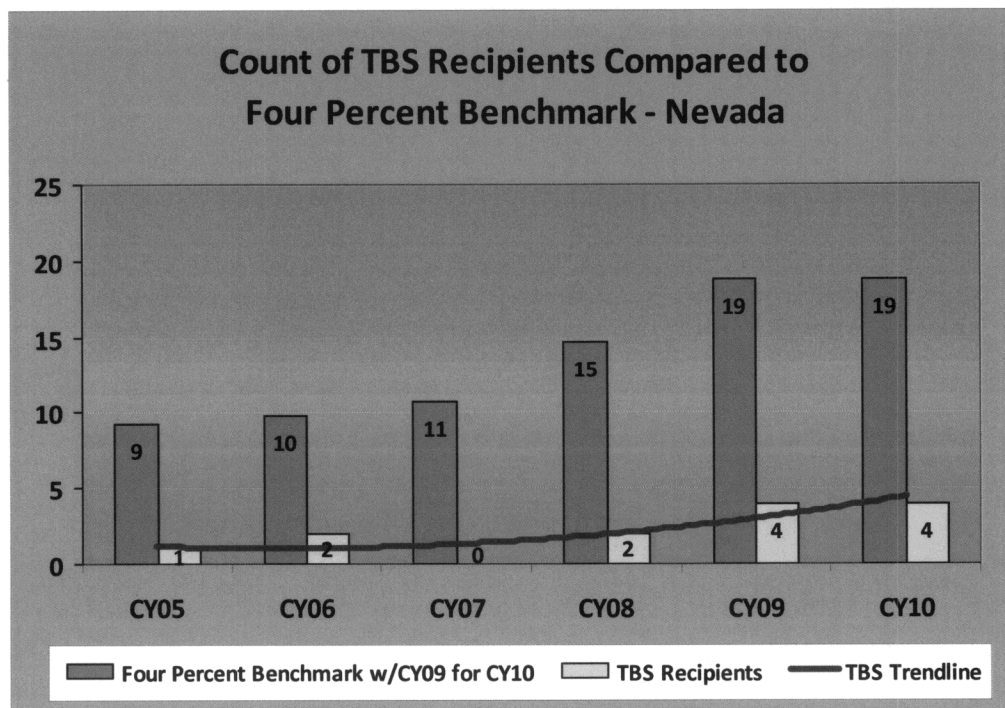
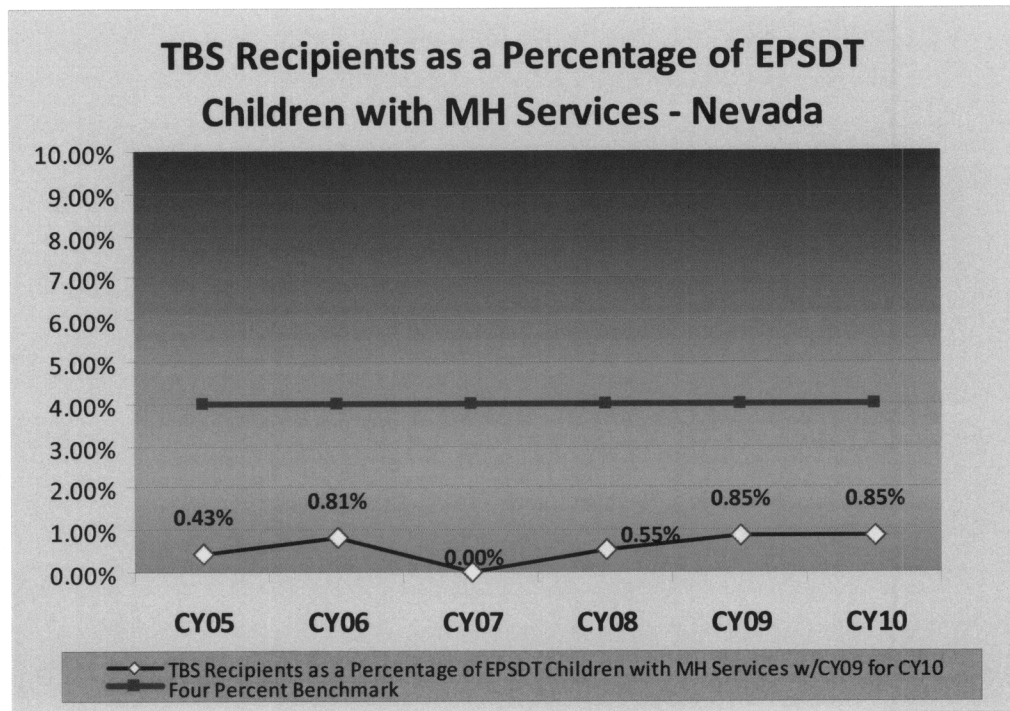


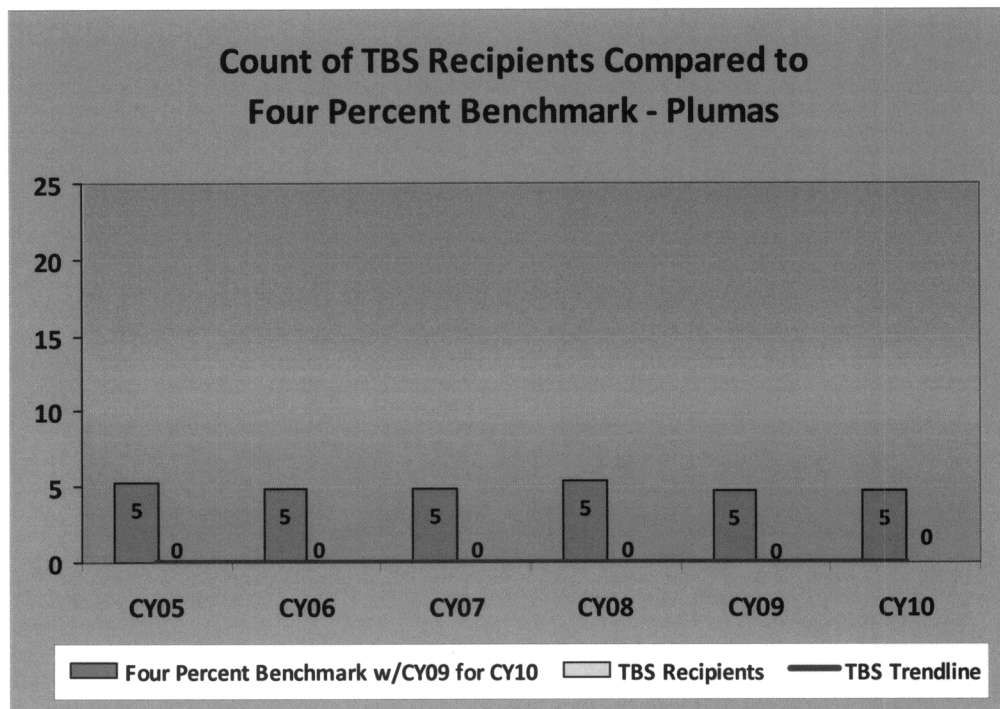
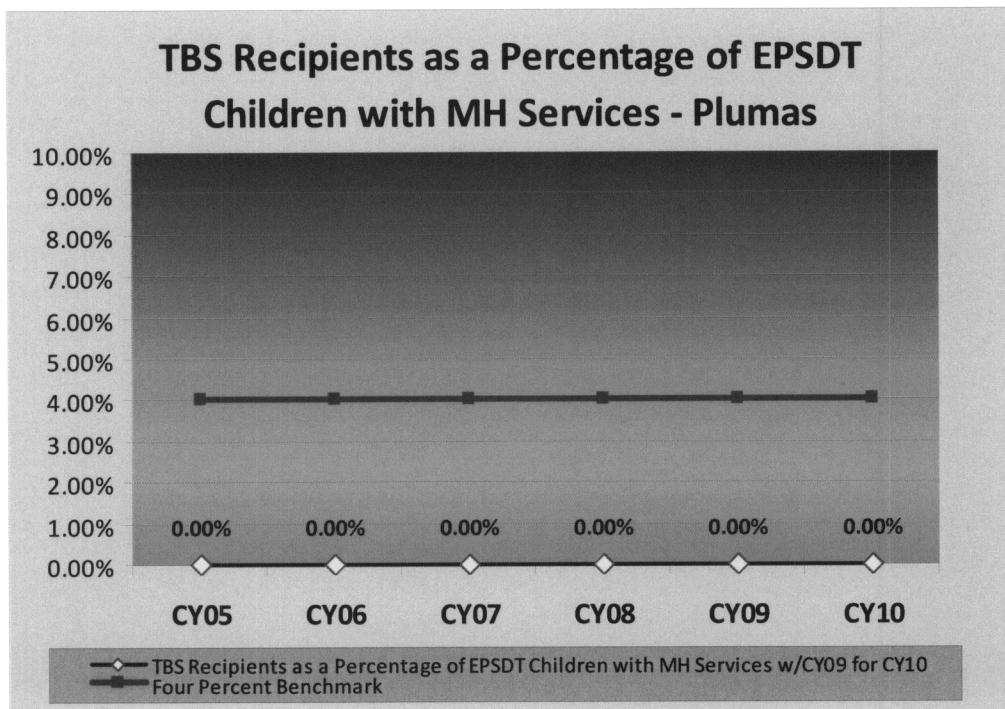


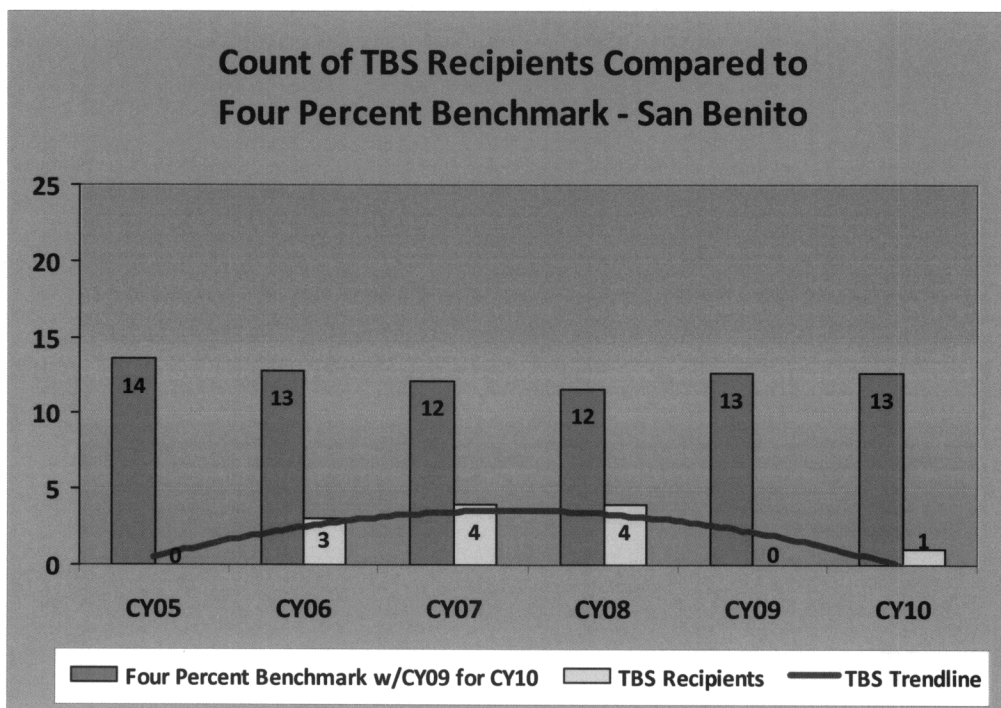
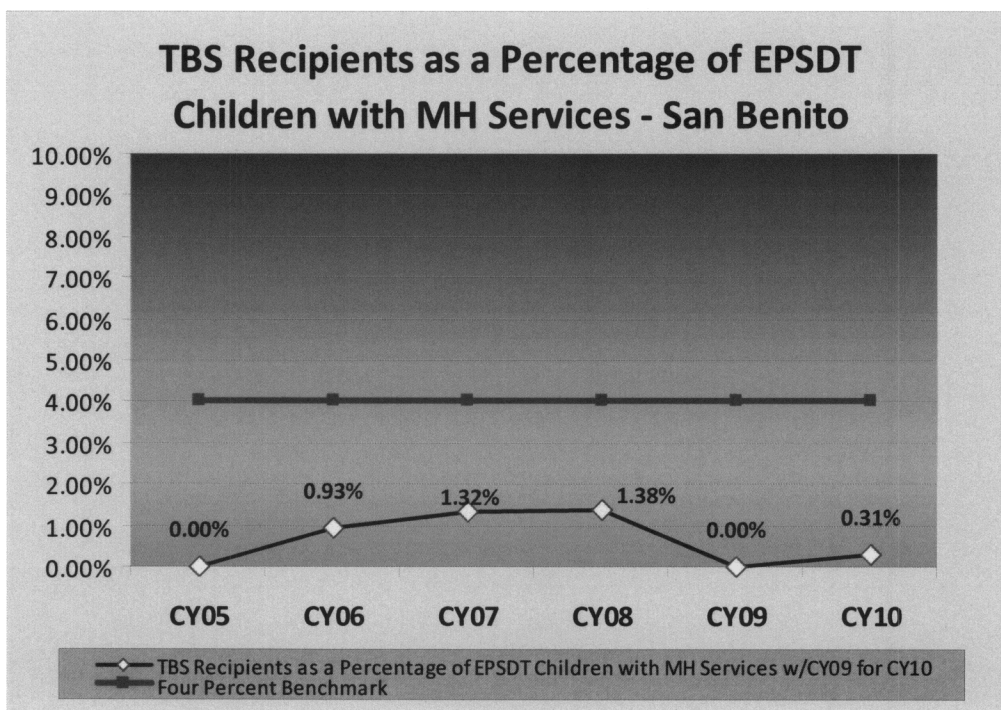


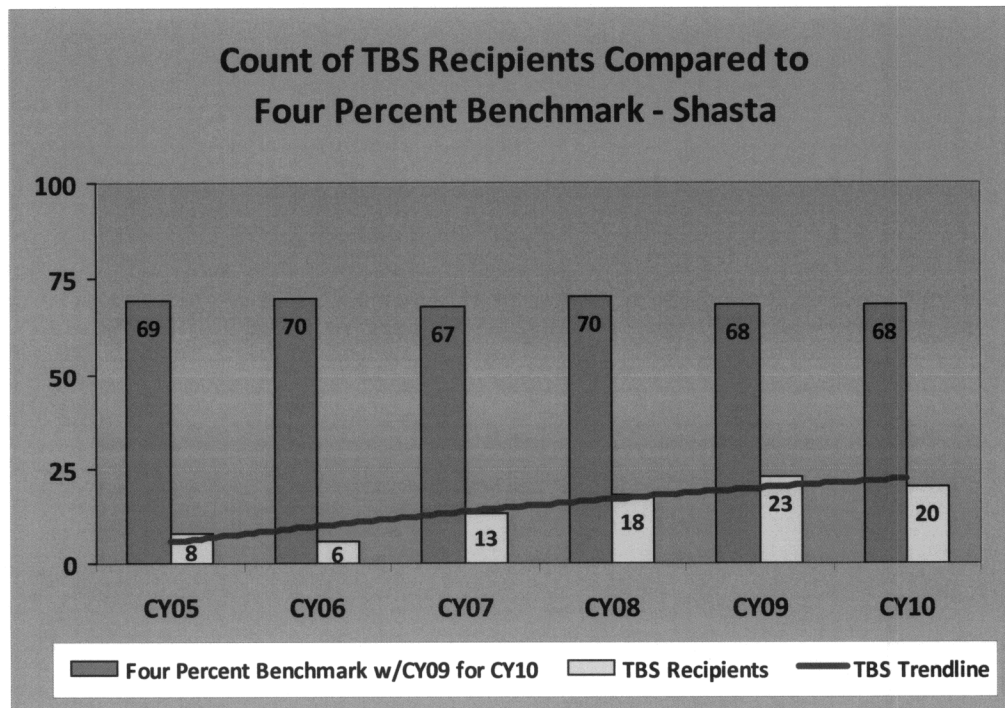
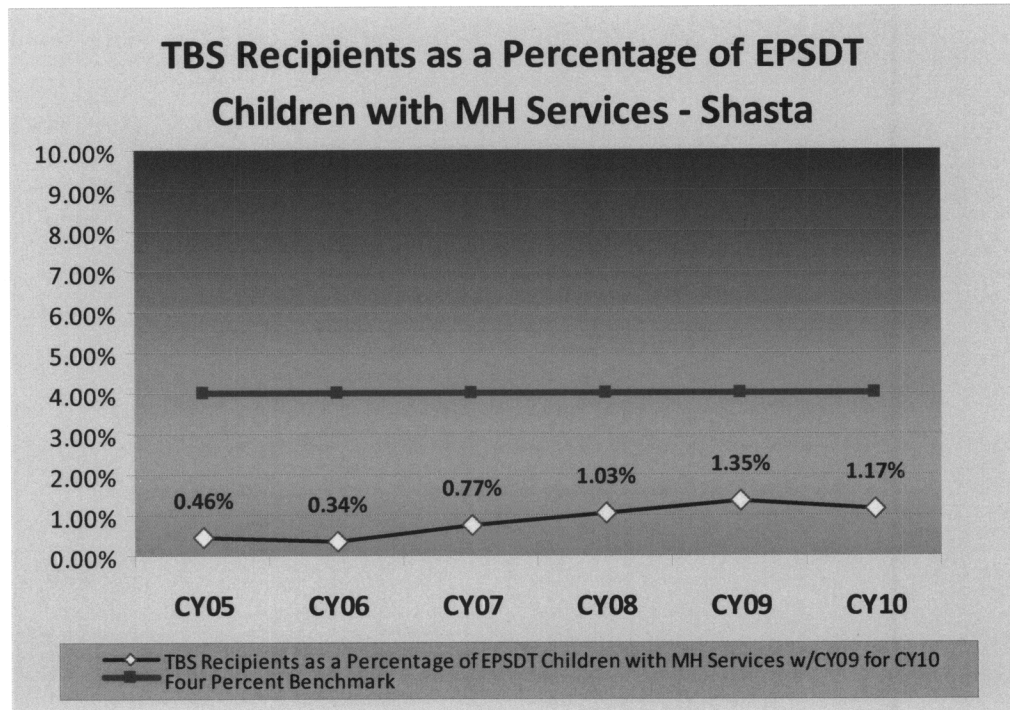


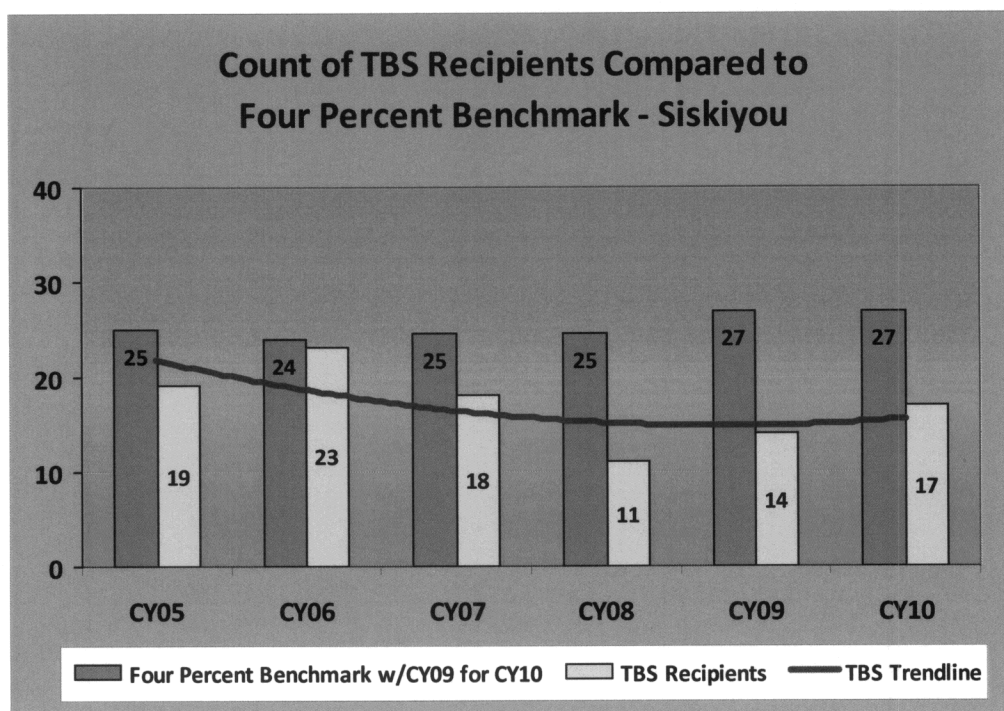
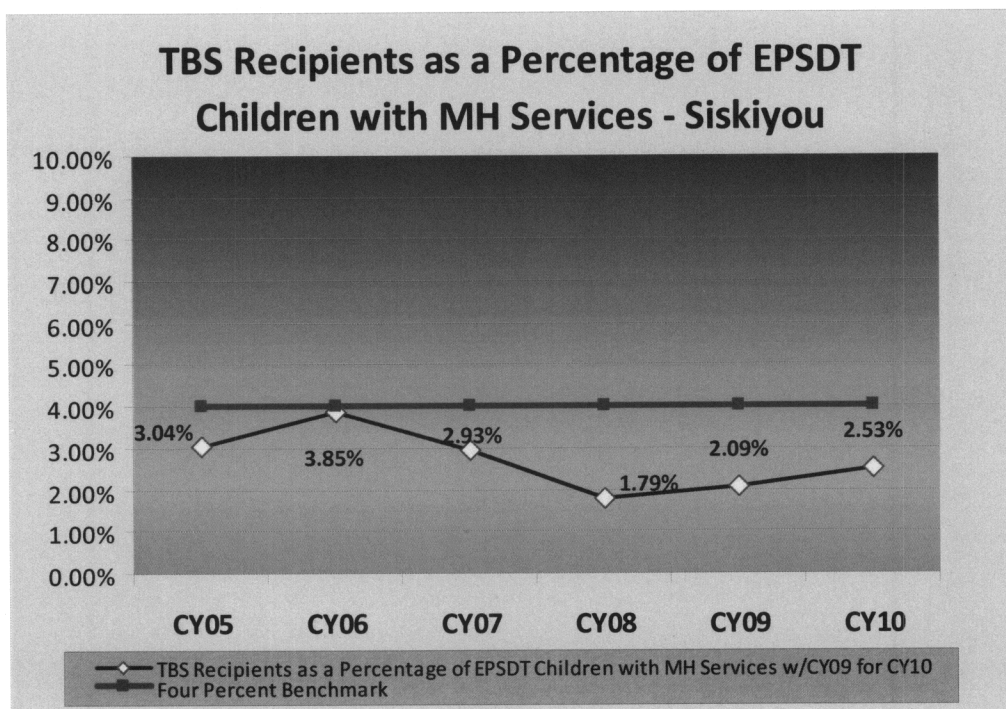


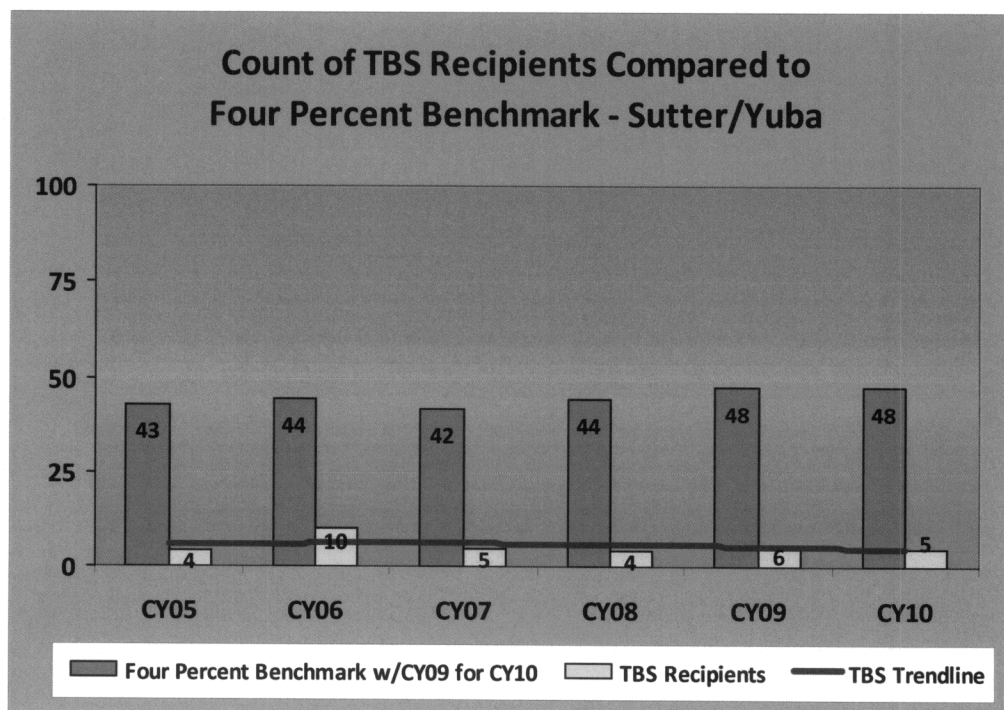
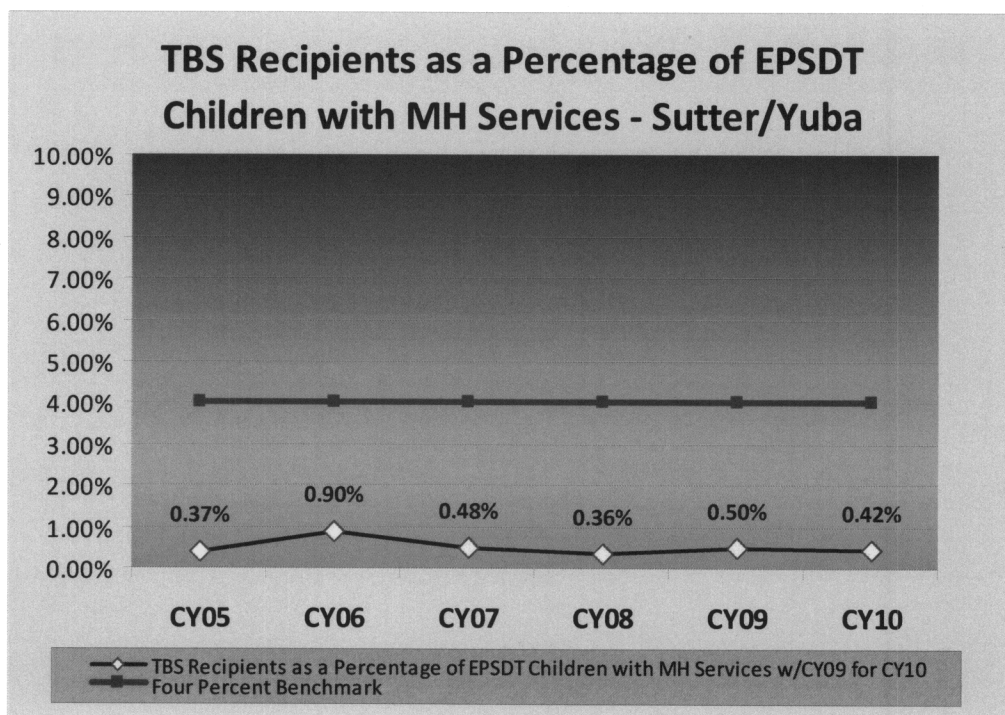


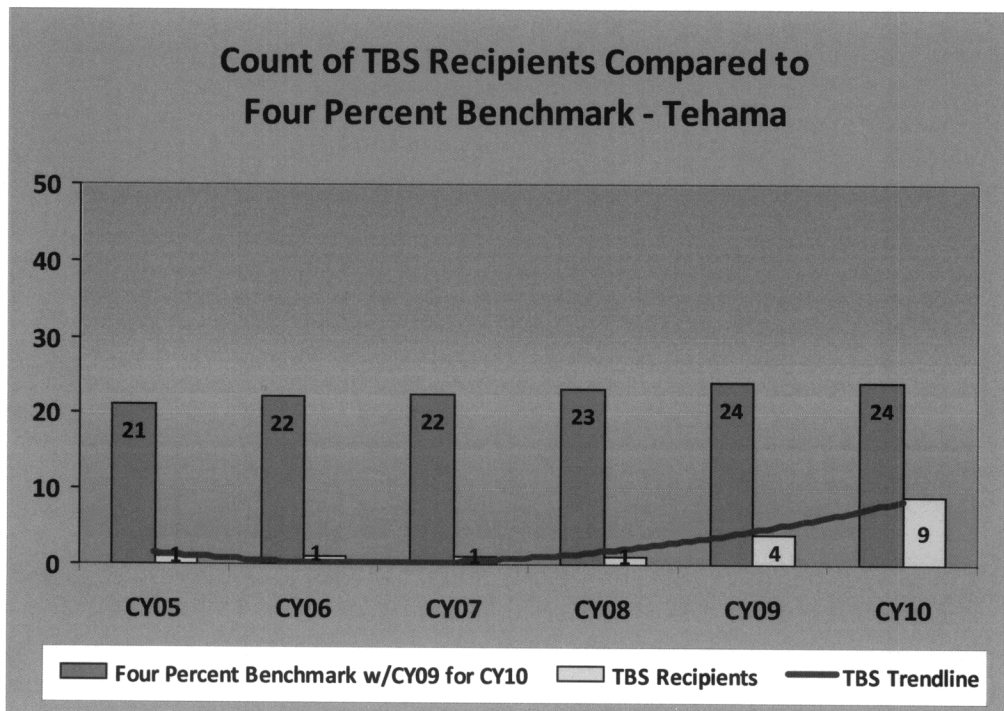
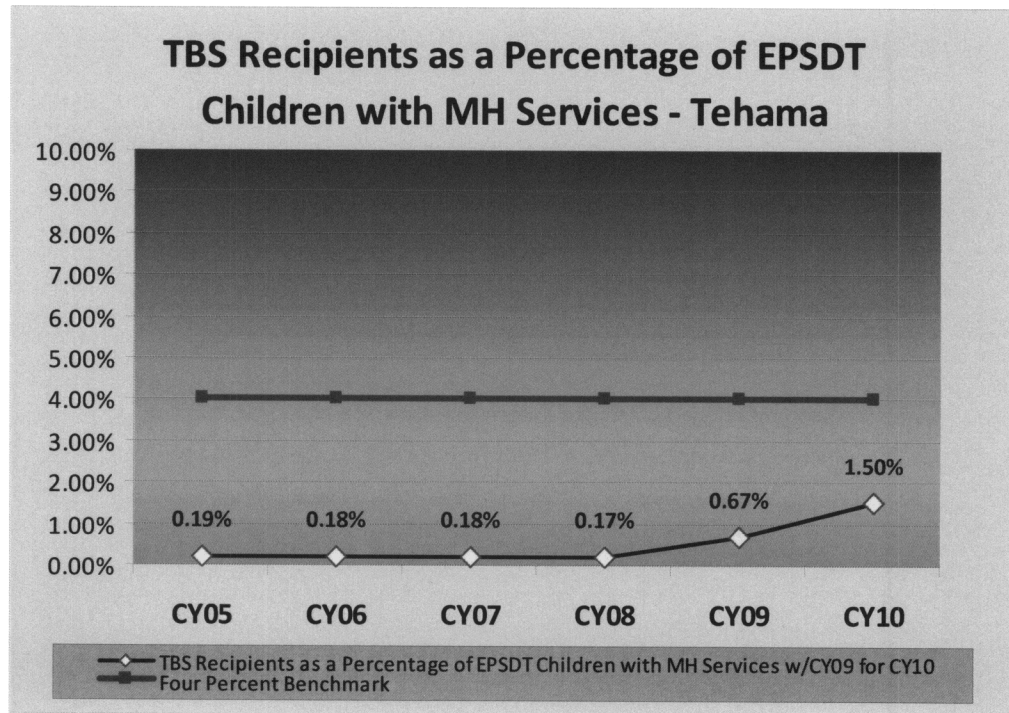


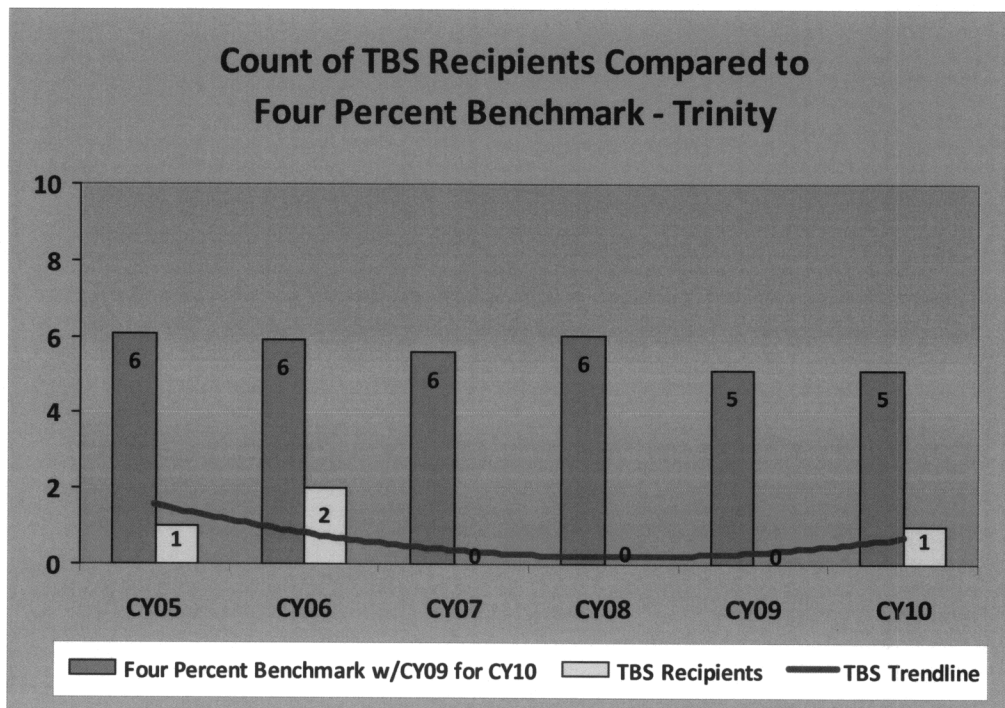
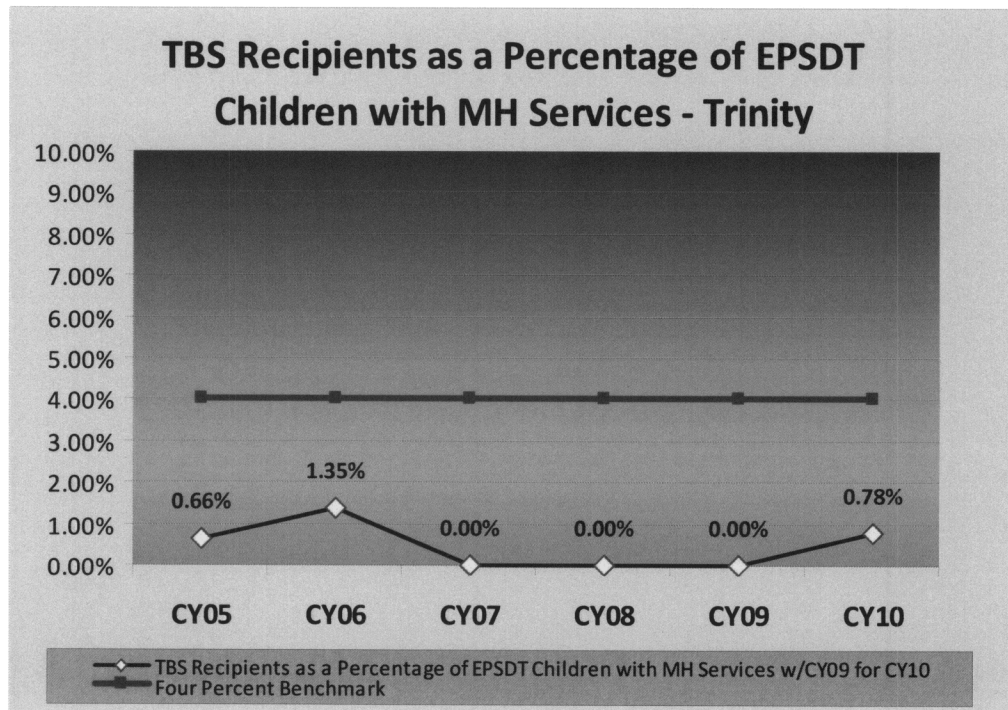


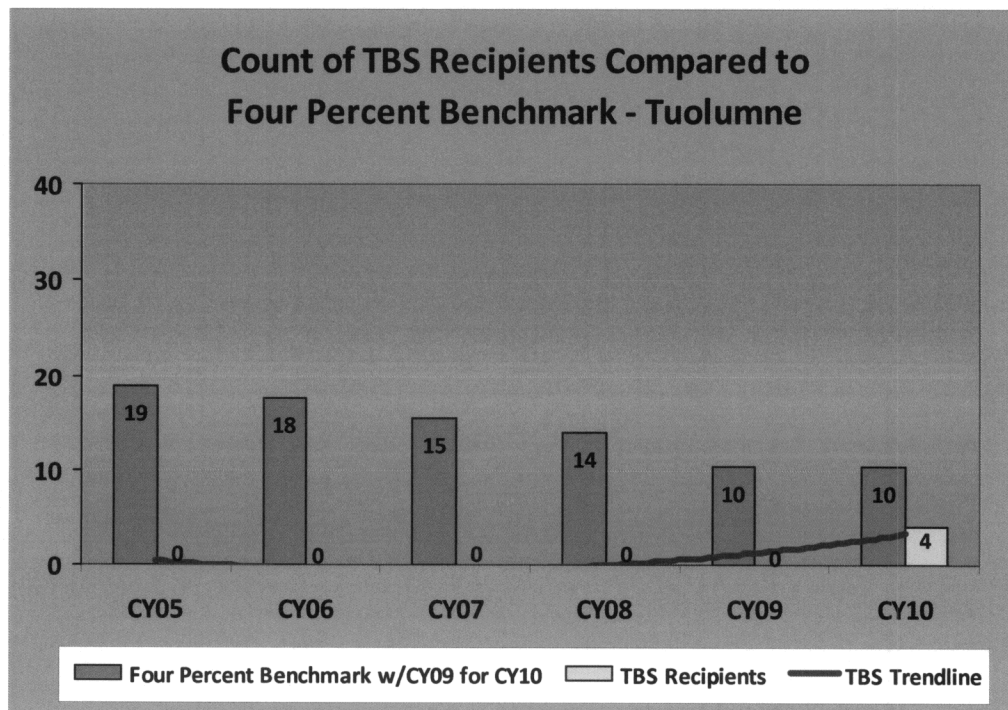
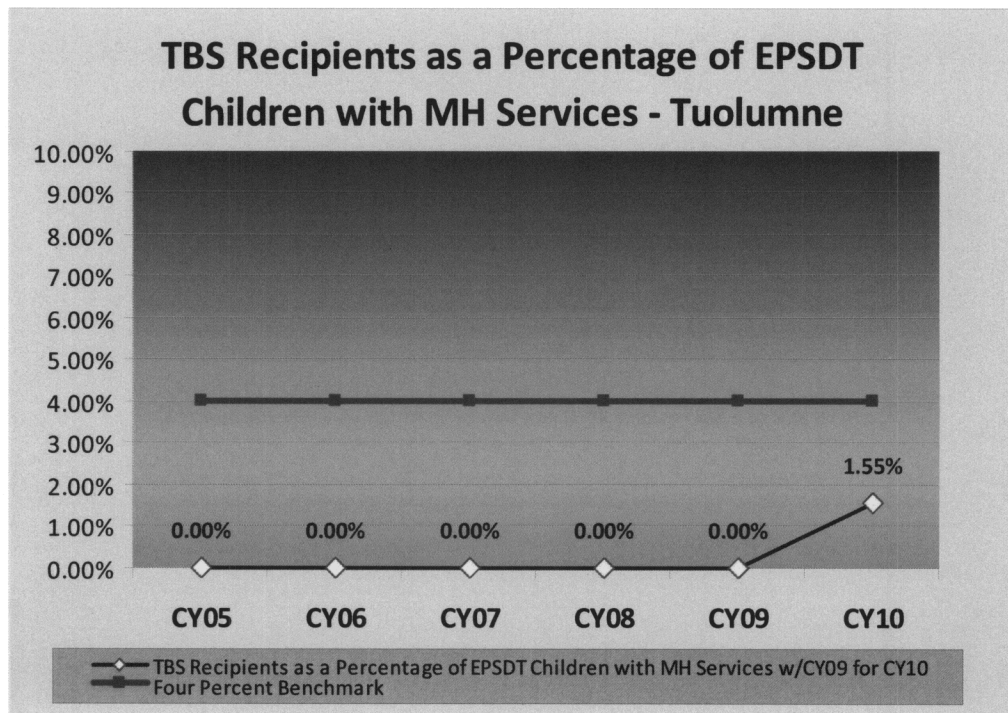


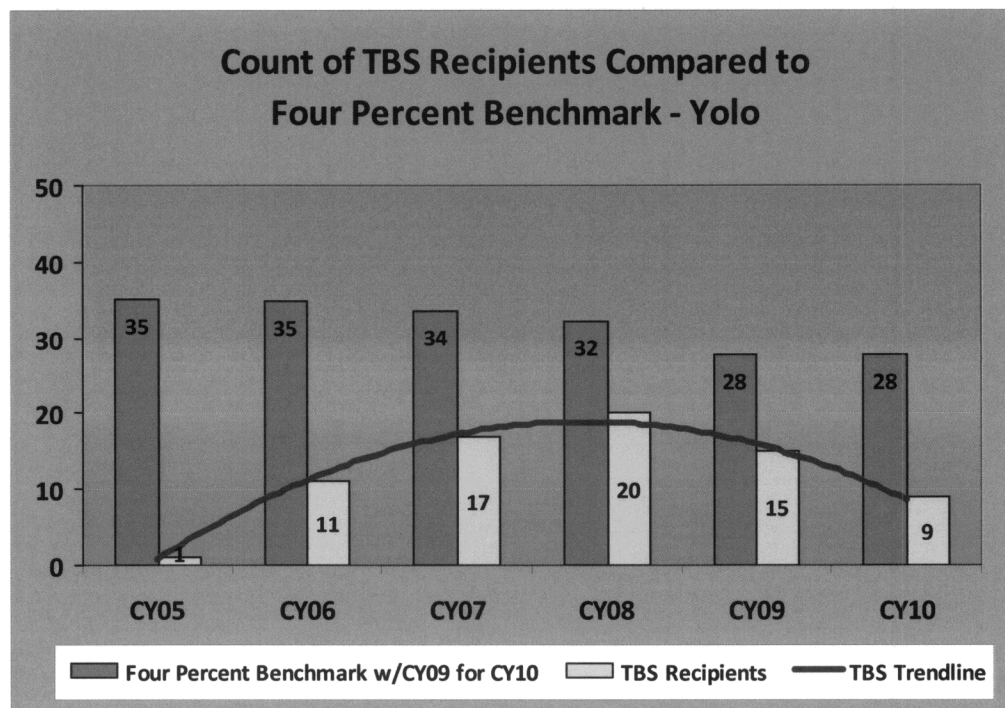
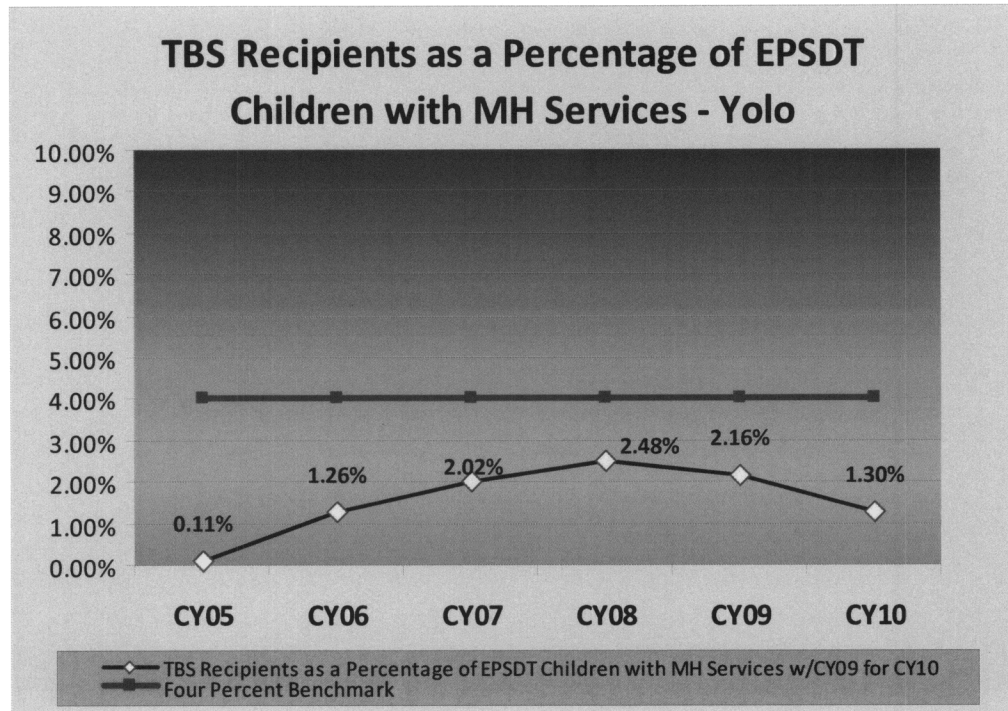












ECF DIVIDER

EXHIBIT "D" TO SPECIAL MASTER'S FINAL REPORT – COUNTY MHP AND STATE
TBS CERTIFICATION AND TRAJECTORY LETTERS – *PART ONE*

1

2

3

Exhibit D: County MHP and State TBS Certification and Trajectory Letters

4

EMILY Q. – LEVEL II COUNTY MHP’S OFFICALLY CERTIFIED BY SPECIAL MASTER

April 28, 2011

1. BUTTE
2. CONTRA COSTA
3. LOS ANGELES
4. MARIN
5. ORANGE
6. PLACER-SIERRA
7. RIVERSIDE
8. SACRAMENTO
9. SAN DIEGO
- 10.SAN FRANCISCO
- 11.SAN LUIS OBISPO
- 12.SAN MATEO
- 13.SANTA BARBARA
- 14.SANTA CLARA
- 15.SANTA CRUZ
- 16.SONOMA
- 17.STANISLAUS
- 18.VENTURA

BUTTE COUNTY

Richard Saletta, LCSW
Special Master, *Emily Q. v Bonta*
rsalpham@sbcglobal.net

Official Notice of TBS certification for Butte County

Date: April 25, 2011

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) counties which have successfully demonstrated implementation of the TBS Nine Point Plan.

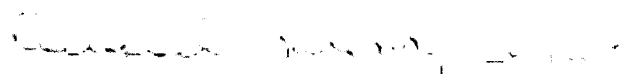
The purpose of this certification process is to document the shared commitment by the local mental health plan and the State of California to increase access and utilization of TBS through the framework of the Court Ordered Nine Point Plan. If successful in this endeavor, the Court has signaled its willingness to terminate jurisdiction, thereby concluding the Court's oversight and involvement in the *Emily Q* matter.

After a thorough review of Butte County efforts to increase access and utilization of TBS -- or TBS equivalent services -- and the demonstrated commitment to maintaining and enhancing the elements of the *Emily Q* TBS Nine Point Plan, I am pleased to provide you with official certification.

In the attached TBS Certification Protocol which is based on the California Department of Mental Health's (CDMH) Information Notice 10-20, Butte County staff provided me with documentation or reasonable assurances that your county has achieved the six criteria and met the expectations of the Court and the *Emily Q* Settlement Team.

It is ordered by the Court that the local and state level collaboration is maintained. The State has committed to the Court that specific communications and monitoring, data and claims reporting, training, and technical assistance will be maintained to support the improved level of TBS service delivery and efforts through June 2012.

Again, congratulations for this significant success, and thank you for your commitment to improve TBS service delivery practices and the continued collaboration with the State of California.



Richard Saletta, LCSW
Special Master

**Therapeutic Behavioral Services (TBS)
TBS Certification Protocol
Level II Mental Health Plans (MHPs)**

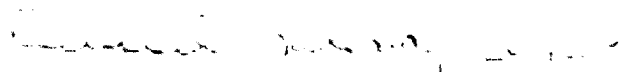
County: Butte

Mental Health Director: Anne Robin, MFT

Date of Certification: April 25, 2011

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|---|--|--------|--------------------|
| 1 | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none"> TBS Utilization Rate 3.28% TBS Equivalency Number 69 TBS Utilization Rate including Equivalent Services 9.22% | Yes: X | Outstanding Effort |
| 2 | Implement Quality TBS to the Satisfaction of the Special Master Participation of staff and providers in the TBS training and use of the DMH Manuals; family and youth participation, and analysis and documented review of the TBS data dash board as a required tool in the Local meetings. | Yes: X | |
| 3 | MHP demonstrated the ability to accurately employ procedure codes, cost reports, and Short Doyle Medi-Cal (SD/MC) data reporting for TBS services. | Yes: X | |
| 4 | MHP engaged the key local stakeholders about TBS (providers, consumers, family & youth, and local community leaders). <ul style="list-style-type: none"> Decision-Maker Meeting Yes Stakeholder Meeting Yes Local Meeting Reports Submitted Yes MHP Progress Report Score 18 out of 20 | Yes: X | |
| 5 | MHP demonstrated a commitment to provide outreach regarding TBS training and engagement with professional staff and contract providers. <ul style="list-style-type: none"> Participation on the Level II Calls Participation on the Family and Youth Calls Use of the DMH Manuals (Documentation and Coordination of Care) | Yes: X | |
| 6 | MHP demonstrated a commitment to provide outreach regarding TBS training and engage with family members & youth in the MHP. | Yes: X | |

I Richard Saletta acting as the Special Master for the Emily Q v Bonta lawsuit has determined that the above county has met all the criteria and shall be Certified as meeting the requirements of the Emily Q v Bonta Nine Point Plan: *Exit to Success*



Richard Saletta, LCSW
Special Master

Date: April 25, 2011

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
7950 Ridge Road, Newcastle, CA 95658
916-960-3937

Mr. Clifford Allenby, Interim Director
California State Department of Mental Health
1600 9th Street Rm 151
Sacramento, Ca 95814

April 25, 2011

Subject: **Official Notice of TBS certification for Butte County per the Emily Q v Bonta Exit Plan and DMH Information Notices 09-10; 10-20**

Dear Mr. Allenby,

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) counties which have successfully demonstrated implementation of the TBS Nine Point Plan and notify the Director of California Department of Mental Health (CDMH).

In accordance with the Court approved Exit Plan, Point Nine of the TBS Nine Point Plan, the Special Master hereby notifies CDMH that Butte County MHP has been Certified by the Special Master as succeeding in meeting the requirements of the Nine Point Plan. CDMH may count Butte County Certification towards meeting the Level II MHP Certification requirements specified in the Court's order.

The purpose of this certification process was to document the shared commitment by the local mental health plan and the State of California to increase access and utilization of TBS through the framework of the Nine Point Plan, as authorized by the Honorable U.S. Central District Judge A. Howard Matz. It's been my pleasure to work along side the CDMH in successfully implementing the TBS Nine Point Plan. The CDMH is commended for taking the leadership at all levels in implementing this Plan during the past three years, overcoming the many challenges encountered during this difficult fiscal and political period for California.

This TBS certification provides the State and MHP with a foundation to continue the effective collaboration that has increased access and utilization of TBS through the Post - Exit Plan, as authorized by the Honorable U.S. Central District Judge A. Howard Matz.

Sincerely,

Richard Saletta, LCSW
Special Master

Attachment

CONTRA COSTA

Richard Saletta, LCSW
Special Master, *Emily Q. v Bonta*
rsalpham@sbcglobal.net

Official Notice of TBS certification for Contra Costa County

Date: April 25, 2011

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) counties which have successfully demonstrated implementation of the TBS Nine Point Plan.

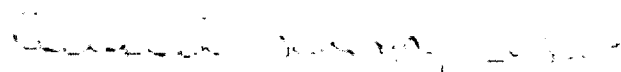
The purpose of this certification process is to document the shared commitment by the local mental health plan and the State of California to increase access and utilization of TBS through the framework of the Court Ordered Nine Point Plan. If successful in this endeavor, the Court has signaled its willingness to terminate jurisdiction, thereby concluding the Court's oversight and involvement in the *Emily Q* matter.

After a thorough review of Contra Costa efforts to increase access and utilization of TBS -- or TBS equivalent services -- and the demonstrated commitment to maintaining and enhancing the elements of the *Emily Q* TBS Nine Point Plan, I am pleased to provide you with official certification.

In the attached TBS Certification Protocol which is based on the California Department of Mental Health's (CDMH) Information Notice 10-20, Contra Costa staff provided me with documentation or reasonable assurances that your county has achieved the six criteria and met the expectations of the Court and the *Emily Q* Settlement Team.

It is ordered by the Court that the local and state level collaboration is maintained. The State has committed to the Court that specific communications and monitoring, data and claims reporting, training, and technical assistance will be maintained to support the improved level of TBS service delivery and efforts through June 2012.

Again, congratulations for this significant success, and thank you for your commitment to improve TBS service delivery practices and the continued collaboration with the State of California.



Richard Saletta, LCSW
Special Master

**Therapeutic Behavioral Services (TBS)
TBS Certification Protocol
Level II Mental Health Plans (MHPs)**

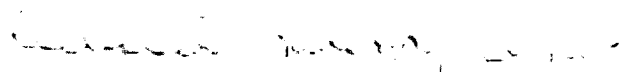
County: Contra Costa

Mental Health Director: Donna Wigand, LCSW

Date of Certification: , 2011

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|---|--|--------|--------------------|
| 1 | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none"> TBS Utilization Rate 6.39% TBS Equivalency Number TBS Utilization Rate including Equivalent Services 6.39% | Yes: X | Exceptional Effort |
| 2 | Implement Quality TBS to the Satisfaction of the Special Master Participation of staff and providers in the TBS training and use of the DMH Manuals; family and youth participation, and analysis and documented review of the TBS data dash board as a required tool in the Local meetings. | Yes: X | |
| 3 | MHP demonstrated the ability to accurately employ procedure codes, cost reports, and Short Doyle Medi-Cal (SD/MC) data reporting for TBS services. | Yes: X | |
| 4 | MHP engaged the key local stakeholders about TBS (providers, consumers, family & youth, and local community leaders). <ul style="list-style-type: none"> Decision-Maker Meeting Yes Stakeholder Meeting Yes Local Meeting Reports Submitted Yes MHP Progress Report Score 15 out of 20 | Yes: X | |
| 5 | MHP demonstrated a commitment to provide outreach regarding TBS training and engagement with professional staff and contract providers. <ul style="list-style-type: none"> Participation on the Level II Calls Participation on the Family and Youth Calls Use of the DMH Manuals (Documentation and Coordination of Care) | Yes: X | |
| 6 | MHP demonstrated a commitment to provide outreach regarding TBS training and engage with family members & youth in the MHP. | Yes: X | |

I Richard Saletta acting as the Special Master for the Emily Q v Bonta lawsuit has determined that the above county has met all the criteria and shall be Certified as meeting the requirements of the Emily Q. v Bonta Nine Point Plan: *Exit to Success*



Richard Saletta, LCSW
Special Master

Date: April, 2011

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta

Mr. Clifford Allenby, Interim Director
California State Department of Mental Health
1600 9th Street Rm 151
Sacramento, Ca 95814

April 25, 2011

Subject: **Official Notice of TBS certification for Contra Costa per the Emily Q v
Bonta Exit Plan and DMH Information Notices 09-10; 10-20**

Dear Mr. Allenby,

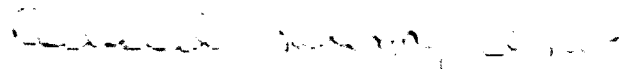
As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the
Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify
Level II (27 large/medium) County Mental Health Plans (MHP) which have successfully
demonstrated implementation of the TBS Nine Point Plan and notify the Director of
California Department of Mental Health (CDMH).

In accordance with the Court approved Exit Plan, Point Nine of the TBS Nine Point Plan,
the Special Master hereby notifies CDMH that Contra Costa County MHP has been
Certified by the Special Master as succeeding in meeting the requirements of the Nine
Point Plan. CDMH may count Contra Costa County Certification towards meeting the
Level II MHP Certification requirements specified in the Court's order.

The purpose of this certification process was to document the shared commitment by the
local mental health plan and the State of California to increase and maintain access and
utilization of TBS through the framework of the Nine Point Plan. It's been my pleasure
to work along side the CDMH in successfully implementing the TBS Nine Point Plan.
The CDMH is commended for taking the leadership at all levels in implementing this
Plan during the past three years, overcoming the many challenges encountered during this
difficult fiscal and political period for California.

As ordered by the Court in the Post-Exit Plan, CDMH and its County Mental Health
Plans are required to continue with its effective collaboration in order to sustain increased
access and utilization of TBS

Sincerely,



Richard Saletta, LCSW
Special Master

Attachments

LOS ANGELES

Richard Saletta, LCSW
Special Master, *Emily Q. v Bonta*
rsalpham@sbcglobal.net

Official Notice of TBS certification for Los Angeles County

Date: April 28, 2011

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) counties which have successfully demonstrated implementation of the TBS Nine Point Plan.

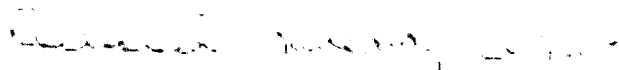
The purpose of this certification process is to document the shared commitment by the local mental health plan and the State of California to increase access and utilization of TBS through the framework of the Court Ordered Nine Point Plan. If successful in this endeavor, the Court has signaled its willingness to terminate jurisdiction, thereby concluding the Court's oversight and involvement in the *Emily Q* matter.

After a thorough review of Los Angeles County efforts to increase access and utilization of TBS -- or TBS equivalent services -- and the demonstrated commitment to maintaining and enhancing the elements of the *Emily Q* TBS Nine Point Plan, I am pleased to provide you with official certification.

In the attached TBS Certification Protocol which is based on the California Department of Mental Health's (CDMH) Information Notice 10-20, Los Angeles County staff provided me with documentation or reasonable assurances that your county has achieved the six criteria and met the expectations of the Court and the *Emily Q* Settlement Team.

It is ordered by the Court that the local and state level collaboration is maintained. The State has committed to the Court that specific communications and monitoring, data and claims reporting, training, and technical assistance will be maintained to support the improved level of TBS service delivery and efforts through June 2012.

Again, congratulations for this significant success, and thank you for your commitment to improve TBS service delivery practices and the continued collaboration with the State of California.



Richard Saletta, LCSW
Special Master

**Therapeutic Behavioral Services (TBS)
TBS Certification Protocol
Level II Mental Health Plans (MHPs)**

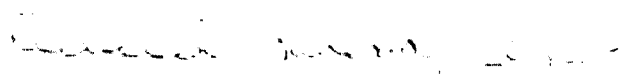
County: Los Angeles

Mental Health Director: Dr. Marvin Southard, DSW

Date of Certification: April 27, 2011

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|---|--|--------|---|
| 1 | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none"> TBS Utilization Rate 2.15% TBS Equivalency Number 1,329 TBS Utilization Rate including Equivalent Services 4.03% | Yes: X | Outstanding Effort, Trajectory Looks Strong |
| 2 | Implement Quality TBS to the Satisfaction of the Special Master Participation of staff and providers in the TBS training and use of the DMH Manuals; family and youth participation, and analysis and documented review of the TBS data dash board as a required tool in the Local meetings. | Yes: X | Attended Your First Training |
| 3 | MHP demonstrated the ability to accurately employ procedure codes, cost reports, and Short Doyle Medi-Cal (SD/MC) data reporting for TBS services. | Yes: X | |
| 4 | MHP engaged the key local stakeholders about TBS (providers, consumers, family & youth, and local community leaders). <ul style="list-style-type: none"> Decision-Maker Meeting Yes Stakeholder Meeting Yes Local Meeting Reports Submitted Yes MHP Progress Report Score 18 out of 20 | Yes: X | Exceptional Work |
| 5 | MHP demonstrated a commitment to provide outreach regarding TBS training and engagement with professional staff and contract providers. <ul style="list-style-type: none"> Participation on the Level II Calls Participation on the Family and Youth Calls Use of the DMH Manuals (Documentation and Coordination of Care) | Yes: X | Remarkable Staff Commitment |
| 6 | MHP demonstrated a commitment to provide outreach regarding TBS training and engage with family members & youth in the MHP. | Yes: X | Commendable |

I Richard Saletta acting as the Special Master for the Emily Q v Bonta lawsuit has determined that the above county has met all the criteria and shall be Certified as meeting the requirements of the Emily Q. v Bonta Nine Point Plan: *Exit to Success*



Richard Saletta, LCSW
Special Master

Date: April 25, 2011

**Therapeutic Behavioral Services (TBS)
TBS Certification for Fiscal Year 2010/11
Level II Mental Health Plans (MHPs)**

County: Los Angeles

Mental Health Director: Dr. Marvin Southard

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|----|--|----------------------------------|---|
| 1. | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none">• TBS Utilization Rate (Includes Special Master Approved TBS Equivalency) | Yes: <u>X</u> No: <u> </u> | Los Angeles County will need 2,821 unduplicated TBS claims and/or approved TBS Equivalence for FY 2010/11 to exceed the 4% benchmark. Actual utilization and projection data for FY 2010/11 demonstrates that Los Angeles County will be meeting the 4% Benchmark. (See attached Los Angeles County Mental Health Department TBS Trajectory Report) |
| 2. | Los Angeles County MHP is on schedule to submit TBS claims and Equivalency data to exceed the 4% benchmark for the Nine Point Plan on or before October 15, 2011 for Fiscal Year 2010/11. | Yes: <u>X</u> No: <u> </u> | |

I, Marvin Southard as the Mental Health Director of Los Angeles County, due hereby certify that Los Angeles County MHP has provided TBS above the 4% benchmark as required in the Emily Q v. Bonta Nine Point Plan: *Exit to Success*.

Signature

4-25-11
Date

Date 4/15/2011

TBS Trajectory Report to Support Section 2a of the TBS Certification Criteria and Equivalency Services in Accordance with the *Emily Q v. Bonta Nine-Point Plan*

TBS BENCHMARK FOR FY 10-11

| # Clients FY 09-10* | TBS Benchmark (%) | TBS Benchmark FY 10-11* (# Clients) |
|------------------------|-------------------------|--|
| a | b | c = a*b |
| 70,539 | 4% | 2,821 |

TBS TRAJECTORY FOR FY 2010 - 2011

| Line # | CALCULATION OF DATASET | DATA |
|--------|---|--------------|
| | <u>FY 2009 - 2010</u> | |
| 1 | TBS Unique Clients** FY 09-10 | 1,394 |
| 2 | N = Population of FSP/MTFC/ITFC Clients FY 09-10 | 848 |
| 3 | n = Randomized Sample of Charts from N | 40 |
| 4 | % of n Certified as TBS Equivalent FY 09-10 | 64% |
| 5 | Number of n Certified as TBS Equivalent (Multiply line 2 by line 4) | 543 |
| 6 | TOTAL TBS UNIQUE CLIENTS** + CERTIFIED EQUIVALENTS FY 09-10 (Add lines 1. and 5) | 1,937 |
| | <u>FY 2010 - 2011</u> | |
| 7 | TBS Unique Clients** for the Period from July 1 through December 31, 2010 | 947 |
| 8 | TBS Unique Clients** Projected FY 10-11 (Multiply the number on the line 7 by 1.6) | 1,515 |
| 9 | Projected and Actual ITFC+MTFC number of filled slots FY 10-11 | 60 |
| 10 | Projected and Actual ITFC+MTFC Equivalents FY 10-11 (Multiply line 4 by line 9) | 38 |
| 11 | Projected and Actual Child FSP number of filled slots FY 10-11 | 1,355 |
| 12 | Projected and Actual Child FSP Equivalents FY 10-11 (Multiply line 4 by line 11) | 867 |
| 13 | Projected and Actual TBS Equivalents (FSP/MTFC/ITFC) FY 10-11 (Add lines 10 and 12) | 905 |
| 14 | TOTAL PROJECTED TBS UNIQUE CLIENTS** + EQUIVALENTS FY 10-11 (Add lines 8 and 13) | 2,420 |
| | <u>WRAP Equivalency FY 10-11</u> | |
| 15 | N = Population of WRAP Clients CY 2010 | 902 |
| 16 | n = Randomized Sample of Charts from N | 30 |
| 17 | % of n Certified as TBS Equivalent FY 10-11 | 47% |
| 18 | Number of n Certified as TBS Equivalent FY 10-11 (Multiply line 15 by line 17) | 424 |
| 19 | TOTAL PROJECTED TBS UNIQUE CLIENTS** + EQUIVALENTS (Including WRAP) FY 10-11 (Add lines 14 and 18) | 2,844 |
| 20 | Total TBS Clients FY 10-11 (2,844) - TBS 4% Benchmark (2,821) | |

* Clients with 1 + EPSDT claims

** Clients with 1 + TBS claims

LOS ANGELES COUNTY TBS

The Equivalent/Alternative Certification process is an effort to reasonably account for all mental health services provided by LA County Mental Health that are considered “TBS-like” services. These services will be used as a supplemental utilization rate that will assist LA County in attaining the target 4% benchmark.

Elements that must exist to be considered a TBS-Equivalent Service as outlined in the Emily Q v. Bonta Exit Plan (April 23, 2009):

- Has a time limited focused on specific target goal attainment;
- Has individual treatment planning created with client, family, and treatment team (behavioral health staff, mental health representative, relatives, school personnel, parent partner, therapeutic aid, etc.);
- Establishes clearly defined measurable behaviors that are used to substantiate progress;
- Provides functional analysis of behaviors to understand needs the client is attempting to address in order to teach healthy replacement behaviors and decrease negative behaviors;
- Focuses on one to two behaviors at a time; and
- Has an intensive intervention schedule, with an emphasis on addressing parent/caregiver education and involvement whenever possible.

Benchmark Calculation FY 10-11

APS Denominator for LA County was **70,539** which were the number of unique clients with 1+EPSDT claims FY 09-10 (See Attachment).

TBS 4% benchmark for APS Denominator of 70,539 = **2,821**

TBS Trajectory for FY 2010-2011

Calculation of TBS Unique Clients FY 9-10

Line #1

TBS Unique Client count was derived from LA County IS data. TBS clients were identified with 1+EPSDT claims = **1394**

Line #2

LA County requested TBS Equivalency Review using N from population of = **848** of Child FSP, MTFC, ITFC unique clients in FY 09-10.

LA County chose providers based on the history of quality mental health service delivery per reports from Child FSP and Katie A. Administrative Units.

Line #3

Special Master Rick Saletta provided LA County with a randomized sample of 40 charts (**n = 40**) from this Total N = 848 for this equivalency review.

Line #4

64% of Child FSP/MTFC/ITFC charts from sample n of 40 were certified by Special Master Rick Saletta as TBS Equivalent FY 09-10

Line #5

Total number of TBS Certified Equivalents of Child FSP/MTFC/ITFC FY 09-10 was calculated by taking 64% of N, which is **543**.

Line #6

The total TBS Unique Clients plus total Certified Equivalent Clients Child FSP/MTFC/ITFC = **1937**

Calculation of TBS Unique Clients FY 10-11

Line #7

TBS Unique Clients for the period from July 1 through December 31, 2010 based on actual LA County IS data = **947**.

Line #8

With regard to projecting how many unique TBS clients are likely to have been served by the end of the current fiscal year, one approach would be to look at the rate of increase in the second half of the year historically.

During the first six months of FY 0910 (July through Dec 2009), 872 clients had received TBS Services. By the end of FY 0910, the total unique client count for the year was 1392. So, based on this historical pattern, the growth expected for TBS for the second half of the year would be 60%: $([\text{year end count}] - [\text{first 6 month count}]) / [\text{first 6 month count}] = (1392 - 872) / 872 = 520 / 872 = .6$ or 60%

Based upon the methodology above, the TBS Unique Client projection for FY 10-11 was calculated by multiplying TBS Unique Clients July 1 through December 31, 2010 (947) by 1.6, which = **1515**

Line #9

Projected and Actual ITFC+MTFC number of filled slots FY 10-11.

Katie A. administrative unit provided data from FY 09-10 based on actual number of filled slots through Feb. 1, 2011 and projected FY 10-11 to be **60** (See Attachment).

Line #10

Projected and Actual ITFC+MTFC Equivalents FY 10-11 was calculated by taking 64% of total number of projected filled slots (60), which = **38**

Line #11

Actual (1302) plus projected (204) number of filled slots for Child FSP FY 10-11 = 1506.

Methodology:

1302 = actual number of FSP clients served between July 2010 thru Feb 2011

204 = projected for the remaining four (4) months (March thru June 2011)
(4 month projection based on an average of 51 clients authorized per month to received services under the FSP program. 51 clients x 4 months = 204)

LA County IS data estimates 90% of these slots to be full scope EPSDT with the remainder 10% as 'other'. This yielded an estimated total of **1355** with full scope EPSDT in Child FSP (See Attachment).

Line #12

Projected and Actual Child FSP Equivalents FY 10-11 was calculated by taking 64% of the total number of projected filled slots (1355) which = **867**

Line #13

Total Projected and Actual TBS Equivalents was derived by adding Child FSP Equivalent and Actual (867) + MTFC/ITFC Equivalents and Actual (38) FY 10-11 = **905**

Line #14

Total Projected and Actual TBS Unique Clients (1515) + Total TBS Equivalents and Actual (905) FY 10-11 = **2420**

WRAP Equivalency FY 10-11

Line #15

LA County requested TBS Equivalency Review using N from population of = **902** of WRAP unique clients in CY 10-11

Line #16

Special Master Rick Saletta provided LA County with a randomized sample of 30 charts (**n = 30**) from N = 902 for this WRAP equivalency review.

Line #17

47% of WRAP charts from sample n of 30 were certified by Special Master Rick Saletta as TBS Equivalent FY 09-10

Line #18

Number of TBS Certified WRAP Equivalents FY 10-11 = **424**. This number was derived by taking 47% of WRAP N of 902

Line #19

Total TBS Clients FY 10-11 was calculated by Total Projected TBS Unique Clients (2420) + Total TBS Equivalent Clients (424) (including WRAP Equivalents), which = **2844**

LAC TBS FY 10-11 TRAJECTORY VS. 4% BENCHMARK

Line # 20

LAC demonstrated that it exceeded the 4% Benchmark as Total TBS Clients FY 10-11 (2844) – TBS 4% Benchmark (2,821) = **23**

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
CHILDREN'S COUNTYWIDE MHSA ADMINISTRATION**

PROJECTION OF CLIENTS SERVED UNDER THE CHILD FULL SERVICE PARTNERSHIP (FSP) PROGRAM FOR FY 10-11

| Entity | Provider No. | FY 10-11 Allocated Slots | FY 10-11 Unique Children Served | FY 10-11 Anticipated Filled FSP Client Slot Projection | FY 10-11 Current + New Projected Clients |
|--|--------------|--------------------------|---------------------------------|--|--|
| ASSOCIATED LEAGUE OF MEXICAN AMERICANS INC. (ALMA) | 7709 | 23 | 26 | 7 | 33 |
| CHILD AND FAMILY CENTER | 7479 | 26 | 40 | 8 | 48 |
| CHILD AND FAMILY GUIDANCE CENTER | 7225 | 25 | 73 | 4 | 77 |
| CHILD AND FAMILY GUIDANCE CENTER | 7390 | 30 | 49 | 8 | 57 |
| CHILDREN'S INSTITUTE, INC. | 7275 | 0 | 2 | 0 | 2 |
| CHILDREN'S INSTITUTE, INC. | 7328 | 0 | 14 | 2 | 16 |
| CHILDREN'S INSTITUTE, INC. | 7736 | 40 | 42 | 6 | 48 |
| CHILDREN'S INSTITUTE, INC. | 7779 | 47 | 49 | 5 | 54 |
| CHILDREN'S INSTITUTE, INC. | 7780 | 36 | 29 | 5 | 34 |
| COUNSELING AND RESEARCH ASSC IN - MASADA | 7342 | 50 | 55 | 6 | 61 |
| DAVID AND MARGARET HOME, INC | 7566 | 30 | 41 | 7 | 48 |
| FAMILIES FIRST INC.(EMQ) | 7750 | 42 | 60 | 11 | 71 |
| FOOTHILL FAMILY SERVICE | 7330 | 10 | 13 | 2 | 15 |
| FOOTHILL FAMILY SERVICE | 7331 | 20 | 27 | 3 | 30 |
| FOOTHILL FAMILY SERVICE | 7407 | 10 | 10 | 3 | 13 |
| FOOTHILL FAMILY SERVICE | 7463 | 20 | 24 | 5 | 29 |
| HATHAWAY-SYCAMORES CHILD & FAMILY SERVICES | 7278 | 15 | 21 | 6 | 27 |
| HATHAWAY-SYCAMORES CHILD & FAMILY SERVICES | 7599 | 15 | 22 | 4 | 26 |
| HATHAWAY-SYCAMORES CHILD & FAMILY SERVICES | 7600 | 55 | 19 | 3 | 22 |
| HATHAWAY-SYCAMORES CHILD & FAMILY SERVICES | 7670 | 15 | 26 | 4 | 30 |
| HATHAWAY-SYCAMORES CHILD & FAMILY SERVICES | 7744 | 23 | 58 | 12 | 70 |
| PACIFIC CLINICS | 7101 | 32 | 37 | 4 | 41 |
| PACIFIC CLINICS | 7441 | 30 | 49 | 9 | 58 |
| PACIFIC CLINICS | 7495 | 23 | 28 | 4 | 32 |
| PACIFIC CLINICS | 7502 | 51 | 69 | 11 | 80 |
| PACIFIC CLINICS | 7695 | 3 | 3 | 1 | 4 |
| PACIFIC CLINICS | 7696 | 5 | 5 | 1 | 6 |
| PACIFIC CLINICS | 7698 | 10 | 11 | 2 | 13 |
| PACIFIC CLINICS | 7699 | 11 | 15 | 2 | 17 |
| PACIFIC CLINICS | 7700 | 22 | 16 | 1 | 17 |
| PROVIDENCE COMMUNITY SERVICES | 7711 | 23 | 44 | 10 | 54 |
| SAN FERNANDO VALLEY COMMUNITY MHC, INC. | 7445 | 78 | 88 | 18 | 106 |
| STAR VIEW ADOLESCENT CENTER, INC. | 7367 | 70 | 74 | 6 | 80 |
| STAR VIEW ADOLESCENT CENTER, INC. | 7493 | 50 | 76 | 13 | 89 |
| STAR VIEW ADOLESCENT CENTER, INC. | 7503 | 22 | 30 | 4 | 34 |
| SUNBRIDGE HARBORVIEW REHABILITATION CENTER, INC. | 7270 | 50 | 57 | 7 | 64 |
| TOTAL | | 1012 | 1302 | 204 | 1506 |

Note: Projection based on 50% of referrals received for the first 8 months of FY 10-11

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

CHILDREN'S COUNTYWIDE MHSA ADMINISTRATION

PROJECTION OF CLIENTS SERVED UNDER THE
MULTIDIMENSIONAL TREATMENT FOSTER CARE (MTFC) & INTENSIVE TREATMENT FOSTER CARE (ITFC)
PROGRAMS FOR FY 09-10 AND FY 10-11

| Entity | Provider No. | FY 09-10 Allocated Slots | FY 09-10 Unique Children Served | FY 10-11 Allocated Slots | FY 10-11 Unique Children Served | FY 10-11 Anticipated FY 10-11 MTFC & ITFC Client Slot Projection |
|---------------------------|--------------|--------------------------|---------------------------------|--------------------------|---------------------------------|--|
| Children's Institute MTFC | 7625 | 20 | 8 | 20 | 7 | 12 |
| Live Acres ITFC | 7640 | 56 | 21 | 56 | 12 | 17 |
| ChildNet ITFC | 7469 | 24 | 8 | 24 | 5 | 10 |
| Penryn Lane MTFC | 7511 | 20 | 7 | 30 | 10 | 15 |
| The Village ITFC | 7554 | 15 | 2 | 15 | 4 | 6 |

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta

Mr. Clifford Allenby, Interim Director
California State Department of Mental Health
1600 9th Street Rm 151
Sacramento, Ca 95814

April 28, 2011

Subject: Official Notice of TBS certification for Los Angeles County per the Emily Q v Bonta Exit Plan and DMH Information Notices 09-10; 10-20

Dear Mr. Allenby,

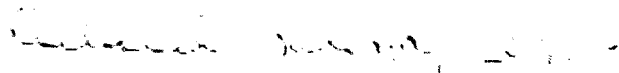
As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) County Mental Health Plans (MHP) which have successfully demonstrated implementation of the TBS Nine Point Plan and notify the Director of California Department of Mental Health (CDMH).

In accordance with the Court approved Exit Plan, Point Nine of the TBS Nine Point Plan, the Special Master hereby notifies CDMH that Los Angeles County MHP has been Certified by the Special Master as succeeding in meeting the requirements of the Nine Point Plan. CDMH may count Los Angeles County Certification towards meeting the Level II MHP Certification requirements specified in the Court's order.

The purpose of this certification process was to document the shared commitment by the local mental health plan and the State of California to increase and maintain access and utilization of TBS through the framework of the Nine Point Plan. It's been my pleasure to work along side the CDMH in successfully implementing the TBS Nine Point Plan. The CDMH is commended for taking the leadership at all levels in implementing this Plan during the past three years, overcoming the many challenges encountered during this difficult fiscal and political period for California.

As ordered by the Court in the Post-Exit Plan, CDMH and its County Mental Health Plans are required to continue with its effective collaboration in order to sustain increased access and utilization of TBS

Sincerely,



Richard Saletta, LCSW
Special Master

Attachments

MARIN

Richard Saletta, LCSW
Special Master, *Emily Q. v Bonta*
rsalpham@sbcglobal.net

Official Notice of TBS certification for Marin County

Date: April 25, 2011

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) counties which have successfully demonstrated implementation of the TBS Nine Point Plan.

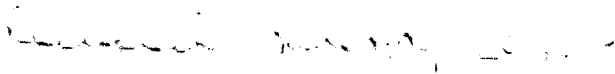
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After a thorough review of Marin County efforts to increase access and utilization of TBS -- or TBS equivalent services -- and the demonstrated commitment to maintaining and enhancing the elements of the *Emily Q* TBS Nine Point Plan, I am pleased to provide you with official certification.

In the attached TBS Certification Protocol which is based on the California Department of Mental Health's (CDMH) Information Notice 10-20, Marin County staff provided me with documentation or reasonable assurances that your county has achieved the six criteria and met the expectations of the Court and the *Emily Q* Settlement Team.

It is ordered by the Court that the local and state level collaboration is maintained. The State has committed to the Court that specific communications and monitoring, data and claims reporting, training, and technical assistance will be maintained to support the improved level of TBS service delivery and efforts through June 2012.

Again, congratulations for this significant success, and thank you for your commitment to improve TBS service delivery practices and the continued collaboration with the State of California.



Richard Saletta, LCSW
Special Master

**Therapeutic Behavioral Services (TBS)
TBS Certification Protocol
Level II Mental Health Plans (MHPs)**

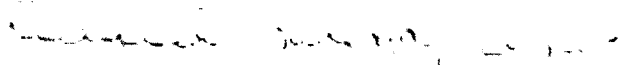
County: Marin

Mental Health Director: Bruce Gurganus, MFT

Date of Certification: April 25, 2011

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|----|--|--------|------------------------------------|
| 1. | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none"> TBS Utilization Rate 1.45% TBS Equivalency Number 16 TBS Utilization Rate including Equivalent Services 4.03% | Yes: X | Equivalent services were excellent |
| 2. | Implement Quality TBS to the Satisfaction of the Special Master Participation of staff and providers in the TBS training and use of the DMH Manuals; family and youth participation, and analysis and documented review of the TBS data dash board as a required tool in the Local meetings. | Yes: X | |
| 3. | MHP demonstrated the ability to accurately employ procedure codes, cost reports, and Short Doyle Medi-Cal (SD/MC) data reporting for TBS services. | Yes: X | |
| 4. | MHP engaged the key local stakeholders about TBS (providers, consumers, family & youth, and local community leaders). <ul style="list-style-type: none"> Decision-Maker Meeting Yes Stakeholder Meeting Yes Local Meeting Reports Submitted Yes MHP Progress Report Score 16 out of 20 | Yes: X | |
| 5. | MHP demonstrated a commitment to provide outreach regarding TBS training and engagement with professional staff and contract providers. <ul style="list-style-type: none"> Participation on the Level II Calls Participation on the Family and Youth Calls Use of the DMH Manuals (Documentation and Coordination of Care) | Yes: X | |
| 6. | MHP demonstrated a commitment to provide outreach regarding TBS training and engage with family members & youth in the MHP. | Yes: X | |

I Richard Saletta acting as the Special Master for the Emily Q v Bonta lawsuit has determined that the above county has met all the criteria and shall be Certified as meeting the requirements of the Emily Q. v Bonta Nine Point Plan: *Exit to Success*



Richard Saletta, LCSW
Special Master

Date: April 25, 2011

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta

Mr. Clifford Allenby, Interim Director
California State Department of Mental Health
1600 9th Street Rm 151
Sacramento, Ca 95814

April 25, 2011

**Subject: Official Notice of TBS certification for Marin County per the Emily Q
v Bonta Exit Plan and DMH Information Notices 09-10; 10-20**

Dear Mr. Allenby,

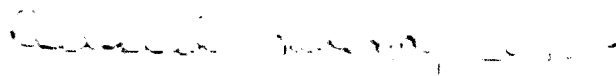
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As ordered by the Court in the Post-Exit Plan, CDMH and its County Mental Health Plans are required to continue with its effective collaboration in order to sustain increased access and utilization of TBS

Sincerely,



Richard Saletta, LCSW
Special Master

Attachments

ORANGE

Richard Saletta, LCSW
Special Master, *Emily Q. v Bonta*
rsalpham@sbcglobal.net

Official Notice of TBS certification for Orange County

Date: April 25, 2011

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) counties which have successfully demonstrated implementation of the TBS Nine Point Plan.

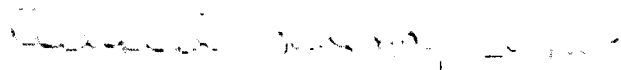
The purpose of this certification process is to document the shared commitment by the local mental health plan and the State of California to increase access and utilization of TBS through the framework of the Court Ordered Nine Point Plan. If successful in this endeavor, the Court has signaled its willingness to terminate jurisdiction, thereby concluding the Court's oversight and involvement in the *Emily Q* matter.

After a thorough review of Orange County efforts to increase access and utilization of TBS -- or TBS equivalent services -- and the demonstrated commitment to maintaining and enhancing the elements of the *Emily Q* TBS Nine Point Plan, I am pleased to provide you with official certification.

In the attached TBS Certification Protocol which is based on the California Department of Mental Health's (CDMH) Information Notice 10-20, Orange County staff provided me with documentation or reasonable assurances that your county has achieved the six criteria and met the expectations of the Court and the *Emily Q* Settlement Team.

It is ordered by the Court that the local and state level collaboration is maintained. The State has committed to the Court that specific communications and monitoring, data and claims reporting, training, and technical assistance will be maintained to support the improved level of TBS service delivery and efforts through June 2012.

Again, congratulations for this significant success, and thank you for your commitment to improve TBS service delivery practices and the continued collaboration with the State of California.



Richard Saletta, LCSW
Special Master

**Therapeutic Behavioral Services (TBS)
TBS Certification Protocol
Level II Mental Health Plans (MHPs)**

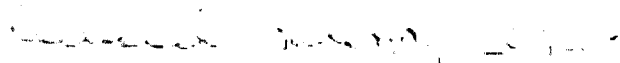
County: Orange

Mental Health Director: Mark Refowitz

Date of Certification: April 25, 2011

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|----|--|--------|--|
| 1. | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none"> TBS Utilization Rate 3.10% TBS Equivalency Number 197 TBS Utilization Rate including Equivalent Services 5.09% | Yes: X | Unique Equivalent Services to Transition Age Youth |
| 2. | Implement Quality TBS to the Satisfaction of the Special Master Participation of staff and providers in the TBS training and use of the DMH Manuals; family and youth participation, and analysis and documented review of the TBS data dash board as a required tool in the Local meetings. | Yes: X | |
| 3. | MHP demonstrated the ability to accurately employ procedure codes, cost reports, and Short Doyle Medi-Cal (SD/MC) data reporting for TBS services. | Yes: X | |
| 4. | MHP engaged the key local stakeholders about TBS (providers, consumers, family & youth, and local community leaders). <ul style="list-style-type: none"> Decision-Maker Meeting Yes Stakeholder Meeting Yes Local Meeting Reports Submitted Yes MHP Progress Report Score 17 out of 20 | Yes: X | |
| 5. | MHP demonstrated a commitment to provide outreach regarding TBS training and engagement with professional staff and contract providers. <ul style="list-style-type: none"> Participation on the Level II Calls Participation on the Family and Youth Calls Use of the DMH Manuals (Documentation and Coordination of Care) | Yes: X | |
| 6. | MHP demonstrated a commitment to provide outreach regarding TBS training and engage with family members & youth in the MHP. | Yes: X | |

I Richard Saletta acting as the Special Master for the Emily Q v Bonta lawsuit has determined that the above county has met all the criteria and shall be Certified as meeting the requirements of the Emily Q v Bonta Nine Point Plan: *Exit to Success*



Richard Saletta, LCSW
Special Master

Date: April 25, 2011

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta

Mr. Clifford Allenby, Interim Director
California State Department of Mental Health
1600 9th Street Rm 151
Sacramento, Ca 95814

April 25, 2011

Subject: **Official Notice of TBS certification for Orange County per the Emily Q v Bonta Exit Plan and DMH Information Notices 09-10; 10-20**

Dear Mr. Allenby,

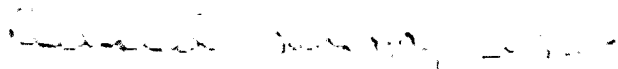
As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) County Mental Health Plans (MHP) which have successfully demonstrated implementation of the TBS Nine Point Plan and notify the Director of California Department of Mental Health (CDMH).

In accordance with the Court approved Exit Plan, Point Nine of the TBS Nine Point Plan, the Special Master hereby notifies CDMH that Orange County MHP has been Certified by the Special Master as succeeding in meeting the requirements of the Nine Point Plan. CDMH may count Orange County certification towards meeting the Level II MHP Certification requirements specified in the Court's order.

The purpose of this certification process was to document the shared commitment by the local mental health plan and the State of California to increase and maintain access and utilization of TBS through the framework of the Nine Point Plan. It's been my pleasure to work along side the CDMH in successfully implementing the TBS Nine Point Plan. The CDMH is commended for taking the leadership at all levels in implementing this Plan during the past three years, overcoming the many challenges encountered during this difficult fiscal and political period for California.

As ordered by the Court in the Post-Exit Plan, CDMH and its County Mental Health Plans are required to continue with its effective collaboration in order to sustain increased access and utilization of TBS

Sincerely,



Richard Saletta, LCSW
Special Master

Attachments

PLACER/SIERRA

Richard Saletta, LCSW
Special Master, *Emily Q. v Bonta*
rsalpham@sbcglobal.net

Official Notice of TBS certification for Placer/Sierra County

Date: April 25, 2011

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) counties which have successfully demonstrated implementation of the TBS Nine Point Plan.

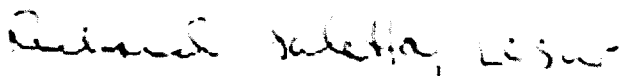
The purpose of this certification process is to document the shared commitment by the local mental health plan and the State of California to increase access and utilization of TBS through the framework of the Court Ordered Nine Point Plan. If successful in this endeavor, the Court has signaled its willingness to terminate jurisdiction, thereby concluding the Court's oversight and involvement in the *Emily Q* matter.

After a thorough review of Placer/Sierra County efforts to increase access and utilization of TBS -- or TBS equivalent services -- and the demonstrated commitment to maintaining and enhancing the elements of the *Emily Q* TBS Nine Point Plan, I am pleased to provide you with official certification.

In the attached TBS Certification Protocol which is based on the California Department of Mental Health's (CDMH) Information Notice 10-20, Placer/Sierra County staff provided me with documentation or reasonable assurances that your county has achieved the six criteria and met the expectations of the Court and the *Emily Q* Settlement Team.

It is ordered by the Court that the local and state level collaboration is maintained. The State has committed to the Court that specific communications and monitoring, data and claims reporting, training, and technical assistance will be maintained to support the improved level of TBS service delivery and efforts through June 2012.

Again, congratulations for this significant success, and thank you for your commitment to improve TBS service delivery practices and the continued collaboration with the State of California.



Richard Saletta, LCSW
Special Master

**Therapeutic Behavioral Services (TBS)
TBS Certification Protocol
Level II Mental Health Plans (MHPs)**

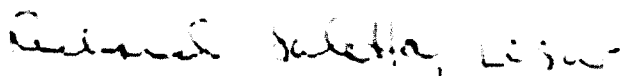
County: Placer/Sierra

Mental Health Director: Maureen Bauman/Richard Knecht

Date of Certification: April 25, 2011

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|----|--|--------|---|
| 1. | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none"> TBS Utilization Rate 1.42% TBS Equivalency Number 35 TBS Utilization Rate including Equivalent Services 5.58% | Yes: X | Equivalent –Wraparound and Support Counselor Services |
| 2. | Implement Quality TBS to the Satisfaction of the Special Master Participation of staff and providers in the TBS training and use of the DMH Manuals; family and youth participation, and analysis and documented review of the TBS data dash board as a required tool in the Local meetings. | Yes: X | |
| 3. | MHP demonstrated the ability to accurately employ procedure codes, cost reports, and Short Doyle Medi-Cal (SD/MC) data reporting for TBS services. | Yes: X | |
| 4. | MHP engaged the key local stakeholders about TBS (providers, consumers, family & youth, and local community leaders). <ul style="list-style-type: none"> Decision-Maker Meeting Yes Stakeholder Meeting Yes Local Meeting Reports Submitted Yes MHP Progress Report Score 15 out of 20 | Yes: X | |
| 5. | MHP demonstrated a commitment to provide outreach regarding TBS training and engagement with professional staff and contract providers. <ul style="list-style-type: none"> Participation on the Level II Calls Participation on the Family and Youth Calls Use of the DMH Manuals (Documentation and Coordination of Care) | Yes: X | |
| 6. | MHP demonstrated a commitment to provide outreach regarding TBS training and engage with family members & youth in the MHP. | Yes: X | |

I Richard Saletta acting as the Special Master for the Emily Q v Bonta lawsuit has determined that the above county has met all the criteria and shall be Certified as meeting the requirements of the Emily Q. v Bonta Nine Point Plan: *Exit to Success*



Richard Saletta, LCSW
Special Master

Date: April 25, 2011

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
rsalpham@sbcglobal.net

Mr. Clifford Allenby, Interim Director
California State Department of Mental Health
1600 9th Street Rm 151
Sacramento, Ca 95814

April 25, 2011

**Subject: Official Notice of TBS certification for Placer/Sierra County per the
Emily Q v Bonta Exit Plan and DMH Information Notices 09-10; 10-20**

Dear Mr. Allenby,

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) County Mental Health Plans (MHP) which have successfully demonstrated implementation of the TBS Nine Point Plan and notify the Director of California Department of Mental Health (CDMH).

In accordance with the Court approved Exit Plan, Point Nine of the TBS Nine Point Plan, the Special Master hereby notifies CDMH that Placer/Sierra County MHP has been Certified by the Special Master as succeeding in meeting the requirements of the Nine Point Plan. CDMH may count Placer/Sierra County certification towards meeting the Level II MHP Certification requirements specified in the Court's order.

The purpose of this certification process was to document the shared commitment by the local mental health plan and the State of California to increase and maintain access and utilization of TBS through the framework of the Nine Point Plan. It's been my pleasure to work along side the CDMH in successfully implementing the TBS Nine Point Plan. The CDMH is commended for taking the leadership at all levels in implementing this Plan during the past three years, overcoming the many challenges encountered during this difficult fiscal and political period for California.

As ordered by the Court in the Post-Exit Plan, CDMH and its County Mental Health Plans are required to continue with its effective collaboration in order to sustain increased access and utilization of TBS

Sincerely,



Richard Saletta, LCSW
Special Master

Attachments

RIVERSIDE

Richard Saletta, LCSW
Special Master, *Emily Q. v Bonta*
rsalpham@sbcglobal.net

Official Notice of TBS certification for Riverside County

Date: April 25, 2011

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) counties which have successfully demonstrated implementation of the TBS Nine Point Plan.

The purpose of this certification process is to document the shared commitment by the local mental health plan and the State of California to increase access and utilization of TBS through the framework of the Court Ordered Nine Point Plan. If successful in this endeavor, the Court has signaled its willingness to terminate jurisdiction, thereby concluding the Court's oversight and involvement in the *Emily Q* matter.

After a thorough review of Riverside County efforts to increase access and utilization of TBS -- or TBS equivalent services -- and the demonstrated commitment to maintaining and enhancing the elements of the *Emily Q* TBS Nine Point Plan, I am pleased to provide you with official certification.

In the attached TBS Certification Protocol which is based on the California Department of Mental Health's (CDMH) Information Notice 10-20, Riverside County staff provided me with documentation or reasonable assurances that your county has achieved the six criteria and met the expectations of the Court and the *Emily Q* Settlement Team.

It is ordered by the Court that the local and state level collaboration is maintained. The State has committed to the Court that specific communications and monitoring, data and claims reporting, training, and technical assistance will be maintained to support the improved level of TBS service delivery and efforts through June 2012.

Again, congratulations for this significant success, and thank you for your commitment to improve TBS service delivery practices and the continued collaboration with the State of California.



Richard Saletta, LCSW
Special Master

**Therapeutic Behavioral Services (TBS)
TBS Certification Protocol
Level II Mental Health Plans (MHPs)**

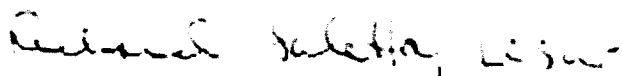
County: Riverside

Mental Health Director: Jerry Wengerd, LCSW

Date of Certification: April 25, 2011

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|----|--|--------|----------------|
| 1. | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none"> TBS Utilization Rate 2.58% TBS Equivalency Number 117 TBS Utilization Rate including Equivalent Services 4.07% | Yes: X | |
| 2. | Implement Quality TBS to the Satisfaction of the Special Master Participation of staff and providers in the TBS training and use of the DMH Manuals; family and youth participation, and analysis and documented review of the TBS data dash board as a required tool in the Local meetings. | Yes: X | |
| 3. | MHP demonstrated the ability to accurately employ procedure codes, cost reports, and Short Doyle Medi-Cal (SD/MC) data reporting for TBS services. | Yes: X | |
| 4. | MHP engaged the key local stakeholders about TBS (providers, consumers, family & youth, and local community leaders). <ul style="list-style-type: none"> Decision-Maker Meeting Yes Stakeholder Meeting Yes Local Meeting Reports Submitted Yes MHP Progress Report Score 18 out of 20 | Yes: X | |
| 5. | MHP demonstrated a commitment to provide outreach regarding TBS training and engagement with professional staff and contract providers. <ul style="list-style-type: none"> Participation on the Level II Calls Participation on the Family and Youth Calls Use of the DMH Manuals (Documentation and Coordination of Care) | Yes: X | |
| 6. | MHP demonstrated a commitment to provide outreach regarding TBS training and engage with family members & youth in the MHP. | Yes: X | |

I Richard Saletta acting as the Special Master for the Emily Q v Bonta lawsuit has determined that the above county has met all the criteria and shall be Certified as meeting the requirements of the Emily Q. v Bonta Nine Point Plan: *Exit to Success*



Richard Saletta, LCSW
Special Master

Date: April 25, 2011

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
rsalpham@sbcglobal.net

Mr. Clifford Allenby, Interim Director
California State Department of Mental Health
1600 9th Street Rm 151
Sacramento, Ca 95814

April 25, 2011

Subject: Official Notice of TBS certification for Riverside County per the Emily Q v Bonta Exit Plan and DMH Information Notices 09-10; 10-20

Dear Mr. Allenby,

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) County Mental Health Plans (MHP) which have successfully demonstrated implementation of the TBS Nine Point Plan and notify the Director of California Department of Mental Health (CDMH).

In accordance with the Court approved Exit Plan, Point Nine of the TBS Nine Point Plan, the Special Master hereby notifies CDMH that Riverside County MHP has been Certified by the Special Master as succeeding in meeting the requirements of the Nine Point Plan. CDMH may count Riverside County certification towards meeting the Level II MHP Certification requirements specified in the Court's order.

The purpose of this certification process was to document the shared commitment by the local mental health plan and the State of California to increase and maintain access and utilization of TBS through the framework of the Nine Point Plan. It's been my pleasure to work along side the CDMH in successfully implementing the TBS Nine Point Plan. The CDMH is commended for taking the leadership at all levels in implementing this Plan during the past three years, overcoming the many challenges encountered during this difficult fiscal and political period for California.

As ordered by the Court in the Post-Exit Plan, CDMH and its County Mental Health Plans are required to continue with its effective collaboration in order to sustain increased access and utilization of TBS

Sincerely,



Richard Saletta, LCSW
Special Master

Attachments

SACRAMENTO

Richard Saletta, LCSW
Special Master, *Emily Q. v Bonta*
rsalpham@sbcglobal.net

Official Notice of TBS certification for Sacramento County

Date: April 28, 2011

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) counties which have successfully demonstrated implementation of the TBS Nine Point Plan.

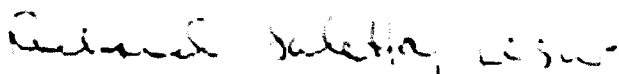
The purpose of this certification process is to document the shared commitment by the local mental health plan and the State of California to increase access and utilization of TBS through the framework of the Court Ordered Nine Point Plan. If successful in this endeavor, the Court has signaled its willingness to terminate jurisdiction, thereby concluding the Court's oversight and involvement in the *Emily Q* matter.

After a thorough review of Sacramento County efforts to increase access and utilization of TBS -- or TBS equivalent services -- and the demonstrated commitment to maintaining and enhancing the elements of the *Emily Q* TBS Nine Point Plan, I am pleased to provide you with official certification.

In the attached TBS Certification Protocol which is based on the California Department of Mental Health's (CDMH) Information Notice 10-20, Sacramento County staff provided me with documentation or reasonable assurances that your county has achieved the six criteria and met the expectations of the Court and the *Emily Q* Settlement Team.

It is ordered by the Court that the local and state level collaboration is maintained. The State has committed to the Court that specific communications and monitoring, data and claims reporting, training, and technical assistance will be maintained to support the improved level of TBS service delivery and efforts through June 2012.

Again, congratulations for this significant success, and thank you for your commitment to improve TBS service delivery practices and the continued collaboration with the State of California.



Richard Saletta, LCSW
Special Master

**Therapeutic Behavioral Services (TBS)
TBS Certification Protocol
Level II Mental Health Plans (MHPs)**

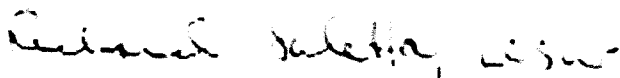
County: **Sacramento**

Mental Health Director: **Mary Ann Bennett**

Date of Certification: **April 28, 2011**

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|----|--|---------------|---|
| 1. | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none"> TBS Utilization Rate 3.27% TBS Equivalency Number 120 TBS Utilization Rate including Equivalent Services 4.44% | Yes: X | Equivalency-FIT Basic Plus and Wraparound |
| 2. | Implement Quality TBS to the Satisfaction of the Special Master Participation of staff and providers in the TBS training and use of the DMH Manuals; family and youth participation, and analysis and documented review of the TBS data dash board as a required tool in the Local meetings. | Yes: X | |
| 3. | MHP demonstrated the ability to accurately employ procedure codes, cost reports, and Short Doyle Medi-Cal (SD/MC) data reporting for TBS services. | Yes: X | |
| 4. | MHP engaged the key local stakeholders about TBS (providers, consumers, family & youth, and local community leaders). <ul style="list-style-type: none"> Decision-Maker Meeting Yes Stakeholder Meeting Yes Local Meeting Reports Submitted Yes MHP Progress Report Score 19 out of 20 | Yes: X | |
| 5. | MHP demonstrated a commitment to provide outreach regarding TBS training and engagement with professional staff and contract providers. <ul style="list-style-type: none"> Participation on the Level II Calls Participation on the Family and Youth Calls Use of the DMH Manuals (Documentation and Coordination of Care) | Yes: X | |
| 6. | MHP demonstrated a commitment to provide outreach regarding TBS training and engage with family members & youth in the MHP. | Yes: X | |

I Richard Saletta acting as the Special Master for the Emily Q v Bonta lawsuit has determined that the above county has met all the criteria and shall be Certified as meeting the requirements of the Emily Q. v Bonta Nine Point Plan: *Exit to Success*



Richard Saletta, LCSW
Special Master

Date: April 25, 2011

Therapeutic Behavioral Services (TBS)
TBS Certification for Calendar Year 2010
Level II Mental Health Plans (MHPs)

County: Sacramento

Mental Health Director: Mary Ann Bennett, Director

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|----|---|--|--|
| 1. | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none"> TBS Utilization Rate | Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> | Sacramento will need 60 unduplicated claims to exceed the 4% benchmark. Currently, paid claims at CDMH for CY 2010 is at 231. Sacramento County has received 120 in TBS- "like" services and 411 clients will exceed the 4% TBS benchmark. |
| 2. | Sacramento County MHP is on schedule to submit 60 TBS claims to exceed the 4% benchmark for the Nine Point Plan by June 30, 2011 for Calendar Year 2010. | Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> | |

I, Mary Ann Bennett, as the Mental Health Director of Sacramento, due hereby certify that Sacramento County MHP has provided TBS above the 4% benchmark as required in the Emily Q v Bonta Nine Point Plan: *Exit to Success*.

Mary Ann Bennett
 Signature

4-25-11
 Date

Date 4/15/2011

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
rsalpham@sbcglobal.net

Mr. Clifford Allenby, Interim Director
California State Department of Mental Health
1600 9th Street Rm 151
Sacramento, Ca 95814

April 28, 2011

Subject: Official Notice of TBS certification for Sacramento County per the Emily Q v Bonta Exit Plan and DMH Information Notices 09-10; 10-20

Dear Mr. Allenby,

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) County Mental Health Plans (MHP) which have successfully demonstrated implementation of the TBS Nine Point Plan and notify the Director of California Department of Mental Health (CDMH).

In accordance with the Court approved Exit Plan, Point Nine of the TBS Nine Point Plan, the Special Master hereby notifies CDMH that Sacramento County MHP has been Certified by the Special Master as succeeding in meeting the requirements of the Nine Point Plan. CDMH may count Sacramento County certification towards meeting the Level II MHP Certification requirements specified in the Court's order.

The purpose of this certification process was to document the shared commitment by the local mental health plan and the State of California to increase and maintain access and utilization of TBS through the framework of the Nine Point Plan. It's been my pleasure to work along side the CDMH in successfully implementing the TBS Nine Point Plan. The CDMH is commended for taking the leadership at all levels in implementing this Plan during the past three years, overcoming the many challenges encountered during this difficult fiscal and political period for California.

As ordered by the Court in the Post-Exit Plan, CDMH and its County Mental Health Plans are required to continue with its effective collaboration in order to sustain increased access and utilization of TBS

Sincerely,



Richard Saletta, LCSW
Special Master

Attachments

SAN DIEGO

Richard Saletta, LCSW
Special Master, *Emily Q. v Bonta*
rsalpham@sbcglobal.net

Official Notice of TBS certification for San Diego County

Date: April 25, 2011

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) counties which have successfully demonstrated implementation of the TBS Nine Point Plan.

The purpose of this certification process is to document the shared commitment by the local mental health plan and the State of California to increase access and utilization of TBS through the framework of the Court Ordered Nine Point Plan. If successful in this endeavor, the Court has signaled its willingness to terminate jurisdiction, thereby concluding the Court's oversight and involvement in the *Emily Q* matter.

After a thorough review of San Diego County efforts to increase access and utilization of TBS -- or TBS equivalent services -- and the demonstrated commitment to maintaining and enhancing the elements of the *Emily Q* TBS Nine Point Plan, I am pleased to provide you with official certification.

In the attached TBS Certification Protocol which is based on the California Department of Mental Health's (CDMH) Information Notice 10-20, San Diego County staff provided me with documentation or reasonable assurances that your county has achieved the six criteria and met the expectations of the Court and the *Emily Q* Settlement Team.

It is ordered by the Court that the local and state level collaboration is maintained. The State has committed to the Court that specific communications and monitoring, data and claims reporting, training, and technical assistance will be maintained to support the improved level of TBS service delivery and efforts through June 2012.

Again, congratulations for this significant success, and thank you for your commitment to improve TBS service delivery practices and the continued collaboration with the State of California.



Richard Saletta, LCSW
Special Master

**Therapeutic Behavioral Services (TBS)
TBS Certification Protocol
Level II Mental Health Plans (MHPs)**

County: San Diego
Mental Health Director: Alfredo Aguirre, LCSW

Date of Certification: April 25, 2011

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|----|--|--------|--|
| 1. | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none"> TBS Utilization Rate 3.83% TBS Equivalency Number 158 TBS Utilization Rate including Equivalent Services 5.02% | Yes: X | Increases in TBS Utilization Outstanding |
| 2. | Implement Quality TBS to the Satisfaction of the Special Master Participation of staff and providers in the TBS training and use of the DMH Manuals; family and youth participation, and analysis and documented review of the TBS data dash board as a required tool in the Local meetings. | Yes: X | |
| 3. | MHP demonstrated the ability to accurately employ procedure codes, cost reports, and Short Doyle Medi-Cal (SD/MC) data reporting for TBS services. | Yes: X | |
| 4. | MHP engaged the key local stakeholders about TBS (providers, consumers, family & youth, and local community leaders). <ul style="list-style-type: none"> Decision-Maker Meeting Yes Stakeholder Meeting Yes Local Meeting Reports Submitted Yes MHP Progress Report Score 19 out of 20 | Yes: X | |
| 5. | MHP demonstrated a commitment to provide outreach regarding TBS training and engagement with professional staff and contract providers. <ul style="list-style-type: none"> Participation on the Level II Calls Participation on the Family and Youth Calls Use of the DMH Manuals (Documentation and Coordination of Care) | Yes: X | |
| 6. | MHP demonstrated a commitment to provide outreach regarding TBS training and engage with family members & youth in the MHP. | Yes: X | Model for Youth Engagement Strategy |

I Richard Saletta acting as the Special Master for the Emily Q v Bonta lawsuit has determined that the above county has met all the criteria and shall be Certified as meeting the requirements of the Emily Q. v Bonta Nine Point Plan: *Exit to Success*



Richard Saletta, LCSW
Special Master

Date: April 25, 2011

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
rsalpham@sbcglobal.net

Mr. Clifford Allenby, Interim Director
California State Department of Mental Health
1600 9th Street Rm 151
Sacramento, Ca 95814

April 25, 2011

Subject: Official Notice of TBS certification for San Diego County per the Emily Q v Bonta Exit Plan and DMH Information Notices 09-10; 10-20

Dear Mr. Allenby,

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) County Mental Health Plans (MHP) which have successfully demonstrated implementation of the TBS Nine Point Plan and notify the Director of California Department of Mental Health (CDMH).

In accordance with the Court approved Exit Plan, Point Nine of the TBS Nine Point Plan, the Special Master hereby notifies CDMH that San Diego County MHP has been Certified by the Special Master as succeeding in meeting the requirements of the Nine Point Plan. CDMH may count San Diego County certification towards meeting the Level II MHP Certification requirements specified in the Court's order.

The purpose of this certification process was to document the shared commitment by the local mental health plan and the State of California to increase and maintain access and utilization of TBS through the framework of the Nine Point Plan. It's been my pleasure to work along side the CDMH in successfully implementing the TBS Nine Point Plan. The CDMH is commended for taking the leadership at all levels in implementing this Plan during the past three years, overcoming the many challenges encountered during this difficult fiscal and political period for California.

As ordered by the Court in the Post-Exit Plan, CDMH and its County Mental Health Plans are required to continue with its effective collaboration in order to sustain increased access and utilization of TBS

Sincerely,



Richard Saletta, LCSW
Special Master

Attachments

ECF DIVIDER

**EXHIBIT "D" TO SPECIAL MASTER'S FINAL REPORT – COUNTY MHP AND STATE
TBS CERTIFICATION AND TRAJECTORY LETTERS – *PART TWO***

SAN FRANCISCO

Richard Saletta, LCSW
Special Master, *Emily Q. v Bonta*
rsalpham@sbcglobal.net

Official Notice of TBS certification for San Francisco County

Date: April 25, 2011

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) counties which have successfully demonstrated implementation of the TBS Nine Point Plan.

The purpose of this certification process is to document the shared commitment by the local mental health plan and the State of California to increase access and utilization of TBS through the framework of the Court Ordered Nine Point Plan. If successful in this endeavor, the Court has signaled its willingness to terminate jurisdiction, thereby concluding the Court's oversight and involvement in the *Emily Q* matter.

After a thorough review of San Francisco County efforts to increase access and utilization of TBS -- or TBS equivalent services -- and the demonstrated commitment to maintaining and enhancing the elements of the *Emily Q* TBS Nine Point Plan, I am pleased to provide you with official certification.

In the attached TBS Certification Protocol which is based on the California Department of Mental Health's (CDMH) Information Notice 10-20, San Francisco County staff provided me with documentation or reasonable assurances that your county has achieved the six criteria and met the expectations of the Court and the *Emily Q* Settlement Team.

It is ordered by the Court that the local and state level collaboration is maintained. The State has committed to the Court that specific communications and monitoring, data and claims reporting, training, and technical assistance will be maintained to support the improved level of TBS service delivery and efforts through June 2012.

Again, congratulations for this significant success, and thank you for your commitment to improve TBS service delivery practices and the continued collaboration with the State of California.



Richard Saletta, LCSW
Special Master

**Therapeutic Behavioral Services (TBS)
TBS Certification Protocol
Level II Mental Health Plans (MHPs)**

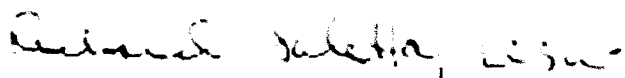
County: San Francisco

Mental Health Director: Jo Robinson, MFT

Date of Certification: April 25, 2011

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|----|--|--------|---|
| 1. | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none"> TBS Utilization Rate 3.82% TBS Equivalency Number 92 TBS Utilization Rate including Equivalent Services 6.55% | Yes: X | Increases in TBS Utilization Outstanding Equivalency – Wraparound Probation |
| 2. | Implement Quality TBS to the Satisfaction of the Special Master Participation of staff and providers in the TBS training and use of the DMH Manuals; family and youth participation, and analysis and documented review of the TBS data dash board as a required tool in the Local meetings. | Yes: X | |
| 3. | MHP demonstrated the ability to accurately employ procedure codes, cost reports, and Short Doyle Medi-Cal (SD/MC) data reporting for TBS services. | Yes: X | |
| 4. | MHP engaged the key local stakeholders about TBS (providers, consumers, family & youth, and local community leaders). <ul style="list-style-type: none"> Decision-Maker Meeting Yes Stakeholder Meeting Yes Local Meeting Reports Submitted Yes MHP Progress Report Score 16 out of 20 | Yes: X | |
| 5. | MHP demonstrated a commitment to provide outreach regarding TBS training and engagement with professional staff and contract providers. <ul style="list-style-type: none"> Participation on the Level II Calls Participation on the Family and Youth Calls Use of the DMH Manuals (Documentation and Coordination of Care) | Yes: X | |
| 6. | MHP demonstrated a commitment to provide outreach regarding TBS training and engage with family members & youth in the MHP. | Yes: X | |

I Richard Saletta acting as the Special Master for the Emily Q v Bonta lawsuit has determined that the above county has met all the criteria and shall be Certified as meeting the requirements of the Emily Q. v Bonta Nine Point Plan: *Exit to Success*



Richard Saletta, LCSW
Special Master

Date: April 25, 2011

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
rsalpham@sbcglobal.net

Mr. Clifford Allenby, Interim Director
California State Department of Mental Health
1600 9th Street Rm 151
Sacramento, Ca 95814

April 25, 2011

Subject: **Official Notice of TBS certification for San Francisco County per the Emily Q v Bonta Exit Plan and DMH Information Notices 09-10; 10-20**

Dear Mr. Allenby,

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) County Mental Health Plans (MHP) which have successfully demonstrated implementation of the TBS Nine Point Plan and notify the Director of California Department of Mental Health (CDMH).

In accordance with the Court approved Exit Plan, Point Nine of the TBS Nine Point Plan, the Special Master hereby notifies CDMH that San Francisco County MHP has been Certified by the Special Master as succeeding in meeting the requirements of the Nine Point Plan. CDMH may count San Francisco County certification towards meeting the Level II MHP Certification requirements specified in the Court's order.

The purpose of this certification process was to document the shared commitment by the local mental health plan and the State of California to increase and maintain access and utilization of TBS through the framework of the Nine Point Plan. It's been my pleasure to work along side the CDMH in successfully implementing the TBS Nine Point Plan. The CDMH is commended for taking the leadership at all levels in implementing this Plan during the past three years, overcoming the many challenges encountered during this difficult fiscal and political period for California.

As ordered by the Court in the Post-Exit Plan, CDMH and its County Mental Health Plans are required to continue with its effective collaboration in order to sustain increased access and utilization of TBS

Sincerely,



Richard Saletta, LCSW
Special Master

Attachments

SAN LUIS OBISPO

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
rsalpham@sbcglobal.net

Official Notice of TBS certification for San Luis Obispo County

Date: April 28, 2011

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) counties which have successfully demonstrated implementation of the TBS Nine Point Plan.

The purpose of this certification process is to document the shared commitment by the local mental health plan and the State of California to increase access and utilization of TBS through the framework of the Court Ordered Nine Point Plan. If successful in this endeavor, the Court has signaled its willingness to terminate jurisdiction, thereby concluding the Court's oversight and involvement in the *Emily Q* matter.

After a thorough review of San Luis Obispo County efforts to increase access and utilization of TBS -- or TBS equivalent services -- and the demonstrated commitment to maintaining and enhancing the elements of the *Emily Q* TBS Nine Point Plan, I am pleased to provide you with official certification.

In the attached TBS Certification Protocol which is based on the California Department of Mental Health's (CDMH) Information Notice 10-20, San Luis Obispo County staff provided me with documentation or reasonable assurances that your county has achieved the six criteria and met the expectations of the Court and the *Emily Q* Settlement Team.

It is ordered by the Court that the local and state level collaboration is maintained. The State has committed to the Court that specific communications and monitoring, data and claims reporting, training, and technical assistance will be maintained to support the improved level of TBS service delivery and efforts through June 2012.

Again, congratulations for this significant success, and thank you for your commitment to improve TBS service delivery practices and the continued collaboration with the State of California.



Richard Saletta, LCSW
Special Master

**Therapeutic Behavioral Services (TBS)
TBS Certification Protocol
Level II Mental Health Plans (MHPs)**

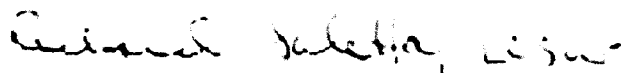
County: San Luis Obispo

Mental Health Director: Karen Baylor, PhD, MFT

Date of Certification: April 28, 2011

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|----|--|--------|---|
| 1. | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none"> TBS Utilization Rate 4.18% TBS Equivalency Number TBS Utilization Rate including Equivalent Services 4.18% | Yes: X | Historically above benchmark, decline over past year may be due to data lag with new data system. |
| 2. | Implement Quality TBS to the Satisfaction of the Special Master Participation of staff and providers in the TBS training and use of the DMH Manuals; family and youth participation, and analysis and documented review of the TBS data dash board as a required tool in the Local meetings. | Yes: X | |
| 3. | MHP demonstrated the ability to accurately employ procedure codes, cost reports, and Short Doyle Medi-Cal (SD/MC) data reporting for TBS services. | Yes: X | |
| 4. | MHP engaged the key local stakeholders about TBS (providers, consumers, family & youth, and local community leaders). <ul style="list-style-type: none"> Decision-Maker Meeting Yes Stakeholder Meeting Yes Local Meeting Reports Submitted Yes MHP Progress Report Score 18 out of 20 | Yes: X | |
| 5. | MHP demonstrated a commitment to provide outreach regarding TBS training and engagement with professional staff and contract providers. <ul style="list-style-type: none"> Participation on the Level II Calls Participation on the Family and Youth Calls Use of the DMH Manuals (Documentation and Coordination of Care) | Yes: X | |
| 6. | MHP demonstrated a commitment to provide outreach regarding TBS training and engage with family members & youth in the MHP. | Yes: X | |

I Richard Saletta acting as the Special Master for the Emily Q v Bonta lawsuit has determined that the above county has met all the criteria and shall be Certified as meeting the requirements of the Emily Q. v Bonta Nine Point Plan: *Exit to Success*



Richard Saletta, LCSW
Special Master

Date: April 25, 2011

#1725
Therapeutic Behavioral Services (TBS)
TBS Certification for Calendar Year 2010
Level II Mental Health Plans (MHPs)

County: San Luis Obispo

Mental Health Director: Karen Baylor

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|----|---|--|--|
| 1. | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none"> TBS Utilization Rate | Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> | San Luis Obispo will need 8 unduplicated claims to exceed the 4% benchmark. Currently, paid claims at DMH for CY 2010 is at 42, and 50 clients will exceed the 4% TBS benchmark. |
| 2. | San Luis Obispo County MHP is on schedule to submit 8 TBS claims to exceed the 4% benchmark for the Nine Point Plan by June 30, 2011 for Calendar Year 2010. | Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> | |

I, Karen Baylor as the Mental Health Director of San Luis Obispo, due hereby certify that San Luis Obispo County MHP has provided TBS above the 4% benchmark as required in the Emily Q v Bonta Nine Point Plan: *Exit to Success*.

Karen Baylor
 Signature

4/21/11
 Date

Date 4/15/2011

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
rsalpham@sbcglobal.net

Mr. Clifford Allenby, Interim Director
California State Department of Mental Health
1600 9th Street Rm 151
Sacramento, Ca 95814

April 28, 2011

Subject: Official Notice of TBS certification for San Luis Obispo County per the Emily Q v Bonta Exit Plan and DMH Information Notices 09-10; 10-20

Dear Mr. Allenby,

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) County Mental Health Plans (MHP) which have successfully demonstrated implementation of the TBS Nine Point Plan and notify the Director of California Department of Mental Health (CDMH).

In accordance with the Court approved Exit Plan, Point Nine of the TBS Nine Point Plan, the Special Master hereby notifies CDMH that San Luis Obispo County MHP has been Certified by the Special Master as succeeding in meeting the requirements of the Nine Point Plan. CDMH may count San Luis Obispo County certification towards meeting the Level II MHP Certification requirements specified in the Court's order.

The purpose of this certification process was to document the shared commitment by the local mental health plan and the State of California to increase and maintain access and utilization of TBS through the framework of the Nine Point Plan. It's been my pleasure to work along side the CDMH in successfully implementing the TBS Nine Point Plan. The CDMH is commended for taking the leadership at all levels in implementing this Plan during the past three years, overcoming the many challenges encountered during this difficult fiscal and political period for California.

As ordered by the Court in the Post-Exit Plan, CDMH and its County Mental Health Plans are required to continue with its effective collaboration in order to sustain increased access and utilization of TBS

Sincerely,



Richard Saletta, LCSW
Special Master

Attachments

SAN MATEO

Richard Saletta, LCSW
Special Master, *Emily Q. v Bonta*
rsalpham@sbcglobal.net

Official Notice of TBS certification for San Mateo County

Date: April 28, 2011

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) counties which have successfully demonstrated implementation of the TBS Nine Point Plan.

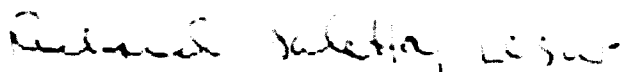
The purpose of this certification process is to document the shared commitment by the local mental health plan and the State of California to increase access and utilization of TBS through the framework of the Court Ordered Nine Point Plan. If successful in this endeavor, the Court has signaled its willingness to terminate jurisdiction, thereby concluding the Court's oversight and involvement in the *Emily Q* matter.

After a thorough review of San Mateo County efforts to increase access and utilization of TBS -- or TBS equivalent services -- and the demonstrated commitment to maintaining and enhancing the elements of the *Emily Q* TBS Nine Point Plan, I am pleased to provide you with official certification.

In the attached TBS Certification Protocol which is based on the California Department of Mental Health's (CDMH) Information Notice 10-20, San Mateo County staff provided me with documentation or reasonable assurances that your county has achieved the six criteria and met the expectations of the Court and the *Emily Q* Settlement Team.

It is ordered by the Court that the local and state level collaboration is maintained. The State has committed to the Court that specific communications and monitoring, data and claims reporting, training, and technical assistance will be maintained to support the improved level of TBS service delivery and efforts through June 2012.

Again, congratulations for this significant success, and thank you for your commitment to improve TBS service delivery practices and the continued collaboration with the State of California.



Richard Saletta, LCSW
Special Master

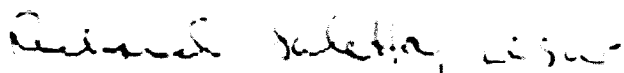
**Therapeutic Behavioral Services (TBS)
TBS Certification Protocol
Level II Mental Health Plans (MHPs)**

County: San Mateo
Mental Health Director: Louise Rogers, MPA

Date of Certification: April 28, 2011

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|----|--|--------|-----------------------------------|
| 1. | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none"> TBS Utilization Rate 4.80% TBS Equivalency Number TBS Utilization Rate including Equivalent Services 4.80% | Yes: X | Excellent Increase in Utilization |
| 2. | Implement Quality TBS to the Satisfaction of the Special Master Participation of staff and providers in the TBS training and use of the DMH Manuals; family and youth participation, and analysis and documented review of the TBS data dash board as a required tool in the Local meetings. | Yes: X | |
| 3. | MHP demonstrated the ability to accurately employ procedure codes, cost reports, and Short Doyle Medi-Cal (SD/MC) data reporting for TBS services. | Yes: X | |
| 4. | MHP engaged the key local stakeholders about TBS (providers, consumers, family & youth, and local community leaders). <ul style="list-style-type: none"> Decision-Maker Meeting Yes Stakeholder Meeting Yes Local Meeting Reports Submitted Yes MHP Progress Report Score 17 out of 20 | Yes: X | |
| 5. | MHP demonstrated a commitment to provide outreach regarding TBS training and engagement with professional staff and contract providers. <ul style="list-style-type: none"> Participation on the Level II Calls Participation on the Family and Youth Calls Use of the DMH Manuals (Documentation and Coordination of Care) | Yes: X | |
| 6. | MHP demonstrated a commitment to provide outreach regarding TBS training and engage with family members & youth in the MHP. | Yes: X | Notable Effort |

I Richard Saletta acting as the Special Master for the Emily Q v Bonta lawsuit has determined that the above county has met all the criteria and shall be Certified as meeting the requirements of the Emily Q. v Bonta Nine Point Plan: *Exit to Success*



Richard Saletta, LCSW
Special Master

Date: April 25, 2011

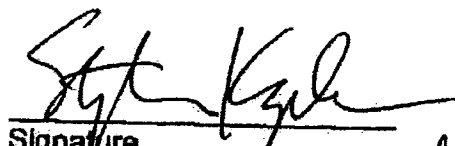
#1730
Therapeutic Behavioral Services (TBS)
TBS Certification for Calendar Year 2010
Level II Mental Health Plans (MHPs)

County: San Mateo

Mental Health Director: Louise Rodgers, Director

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|----|--|-----------------------|--|
| 1. | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none"> TBS Utilization Rate | Yes: ____ No: ____ | San Mateo will need 26 unduplicated claims to exceed the 4% benchmark. Currently, paid claims at CDMH for CY 2010 is at 46, and 72 clients will exceed the 4% TBS benchmark. |
| 2. | San Mateo County MHP is on schedule to submit 26 TBS claims to exceed the 4% benchmark for the Nine Point Plan by June 30, 2011 for Calendar Year 2010. | Yes: ____ No: ____ | |

I, Louise Rodgers, as the Mental Health Director of San Mateo, do hereby certify that San Mateo County MHP has provided TBS above the 4% benchmark as required in the Emily Q v Bonta Nine Point Plan: *Exit to Success*.


 Signature _____ Date 4/19/11
 Interim Director Behavioral
 Health and Recovery Services

Date 4/15/2011

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
rsalpham@sbcglobal.net

Mr. Clifford Allenby, Interim Director
California State Department of Mental Health
1600 9th Street Rm 151
Sacramento, Ca 95814

April 28, 2011

Subject: Official Notice of TBS certification for San Mateo County per the Emily Q v Bonta Exit Plan and DMH Information Notices 09-10; 10-20

Dear Mr. Allenby,

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) County Mental Health Plans (MHP) which have successfully demonstrated implementation of the TBS Nine Point Plan and notify the Director of California Department of Mental Health (CDMH).

In accordance with the Court approved Exit Plan, Point Nine of the TBS Nine Point Plan, the Special Master hereby notifies CDMH that San Mateo County MHP has been Certified by the Special Master as succeeding in meeting the requirements of the Nine Point Plan. CDMH may count San Mateo County certification towards meeting the Level II MHP Certification requirements specified in the Court's order.

The purpose of this certification process was to document the shared commitment by the local mental health plan and the State of California to increase and maintain access and utilization of TBS through the framework of the Nine Point Plan. It's been my pleasure to work along side the CDMH in successfully implementing the TBS Nine Point Plan. The CDMH is commended for taking the leadership at all levels in implementing this Plan during the past three years, overcoming the many challenges encountered during this difficult fiscal and political period for California.

As ordered by the Court in the Post-Exit Plan, CDMH and its County Mental Health Plans are required to continue with its effective collaboration in order to sustain increased access and utilization of TBS

Sincerely,



Richard Saletta, LCSW
Special Master

Attachments

SANTA BARBARA

Richard Saletta, LCSW
Special Master, *Emily Q. v Bonta*
rsalpham@sbcglobal.net

Official Notice of TBS certification for Santa Barbara County

Date: April 25, 2011

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) counties which have successfully demonstrated implementation of the TBS Nine Point Plan.

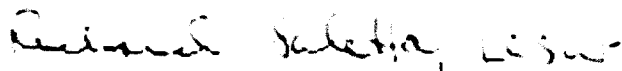
The purpose of this certification process is to document the shared commitment by the local mental health plan and the State of California to increase access and utilization of TBS through the framework of the Court Ordered Nine Point Plan. If successful in this endeavor, the Court has signaled its willingness to terminate jurisdiction, thereby concluding the Court's oversight and involvement in the *Emily Q* matter.

After a thorough review of Santa Barbara County efforts to increase access and utilization of TBS -- or TBS equivalent services -- and the demonstrated commitment to maintaining and enhancing the elements of the *Emily Q* TBS Nine Point Plan, I am pleased to provide you with official certification.

In the attached TBS Certification Protocol which is based on the California Department of Mental Health's (CDMH) Information Notice 10-20, Santa Barbara County staff provided me with documentation or reasonable assurances that your county has achieved the six criteria and met the expectations of the Court and the *Emily Q* Settlement Team.

It is ordered by the Court that the local and state level collaboration is maintained. The State has committed to the Court that specific communications and monitoring, data and claims reporting, training, and technical assistance will be maintained to support the improved level of TBS service delivery and efforts through June 2012.

Again, congratulations for this significant success, and thank you for your commitment to improve TBS service delivery practices and the continued collaboration with the State of California.



Richard Saletta, LCSW
Special Master

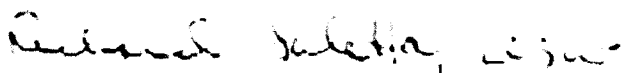
**Therapeutic Behavioral Services (TBS)
TBS Certification Protocol
Level II Mental Health Plans (MHPs)**

County: Santa Barbara
Mental Health Director: Ann Detrick, PhD

Date of Certification: April 25, 2011

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|----|--|--------|------------------------------------|
| 1. | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none"> TBS Utilization Rate 5.97% TBS Equivalency Number TBS Utilization Rate including Equivalent Services 5.97% | Yes: X | Consistent leader in providing TBS |
| 2. | Implement Quality TBS to the Satisfaction of the Special Master Participation of staff and providers in the TBS training and use of the DMH Manuals; family and youth participation, and analysis and documented review of the TBS data dash board as a required tool in the Local meetings. | Yes: X | |
| 3. | MHP demonstrated the ability to accurately employ procedure codes, cost reports, and Short Doyle Medi-Cal (SD/MC) data reporting for TBS services. | Yes: X | |
| 4. | MHP engaged the key local stakeholders about TBS (providers, consumers, family & youth, and local community leaders). <ul style="list-style-type: none"> Decision-Maker Meeting Yes Stakeholder Meeting Yes Local Meeting Reports Submitted Yes MHP Progress Report Score 17 out of 20 | Yes: X | |
| 5. | MHP demonstrated a commitment to provide outreach regarding TBS training and engagement with professional staff and contract providers. <ul style="list-style-type: none"> Participation on the Level II Calls Participation on the Family and Youth Calls Use of the DMH Manuals (Documentation and Coordination of Care) | Yes: X | |
| 6. | MHP demonstrated a commitment to provide outreach regarding TBS training and engage with family members & youth in the MHP. | Yes: X | |

I Richard Saletta acting as the Special Master for the Emily Q v Bonta lawsuit has determined that the above county has met all the criteria and shall be Certified as meeting the requirements of the Emily Q. v Bonta Nine Point Plan: *Exit to Success*



Richard Saletta, LCSW
Special Master

Date: April 25, 2011

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
rsalpham@sbcglobal.net

Mr. Clifford Allenby, Interim Director
California State Department of Mental Health
1600 9th Street Rm 151
Sacramento, Ca 95814

April 25, 2011

Subject: Official Notice of TBS certification for Santa Barbara County per the Emily Q v Bonta Exit Plan and DMH Information Notices 09-10; 10-20

Dear Mr. Allenby,


As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) County Mental Health Plans (MHP) which have successfully demonstrated implementation of the TBS Nine Point Plan and notify the Director of California Department of Mental Health (CDMH).

In accordance with the Court approved Exit Plan, Point Nine of the TBS Nine Point Plan, the Special Master hereby notifies CDMH that Santa Barbara County MHP has been Certified by the Special Master as succeeding in meeting the requirements of the Nine Point Plan. CDMH may count Santa Barbara County certification towards meeting the Level II MHP Certification requirements specified in the Court's order.

The purpose of this certification process was to document the shared commitment by the local mental health plan and the State of California to increase and maintain access and utilization of TBS through the framework of the Nine Point Plan. It's been my pleasure to work along side the CDMH in successfully implementing the TBS Nine Point Plan. The CDMH is commended for taking the leadership at all levels in implementing this Plan during the past three years, overcoming the many challenges encountered during this difficult fiscal and political period for California.

As ordered by the Court in the Post-Exit Plan, CDMH and its County Mental Health Plans are required to continue with its effective collaboration in order to sustain increased access and utilization of TBS

Sincerely,



Richard Saletta, LCSW
Special Master

Attachments

SANTA CLARA

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
rsalpham@sbcglobal.net

Official Notice of TBS certification for Santa Clara County

Date: April 25, 2011

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) counties which have successfully demonstrated implementation of the TBS Nine Point Plan.

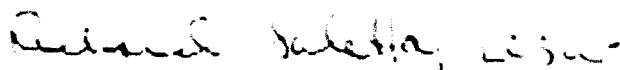
The purpose of this certification process is to document the shared commitment by the local mental health plan and the State of California to increase access and utilization of TBS through the framework of the Court Ordered Nine Point Plan. If successful in this endeavor, the Court has signaled its willingness to terminate jurisdiction, thereby concluding the Court's oversight and involvement in the *Emily Q* matter.

After a thorough review of Santa Clara County efforts to increase access and utilization of TBS -- or TBS equivalent services -- and the demonstrated commitment to maintaining and enhancing the elements of the *Emily Q* TBS Nine Point Plan, I am pleased to provide you with official certification.

In the attached TBS Certification Protocol which is based on the California Department of Mental Health's (CDMH) Information Notice 10-20, Santa Clara County staff provided me with documentation or reasonable assurances that your county has achieved the six criteria and met the expectations of the Court and the *Emily Q* Settlement Team.

It is ordered by the Court that the local and state level collaboration is maintained. The State has committed to the Court that specific communications and monitoring, data and claims reporting, training, and technical assistance will be maintained to support the improved level of TBS service delivery and efforts through June 2012.

Again, congratulations for this significant success, and thank you for your commitment to improve TBS service delivery practices and the continued collaboration with the State of California.



Richard Saletta, LCSW
Special Master

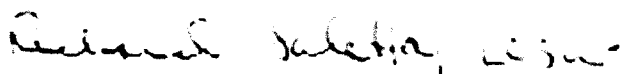
**Therapeutic Behavioral Services (TBS)
TBS Certification Protocol
Level II Mental Health Plans (MHPs)**

County: Santa Clara
Mental Health Director: Nancy Pena, PhD
2011

Date of Certification: April 25,

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|----|--|--------|--|
| 1. | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none"> TBS Utilization Rate 6.36% TBS Equivalency Number TBS Utilization Rate including Equivalent Services 6.36% | Yes: X | Historically a leader in providing TBS. Outstanding growth in TBS utilization. |
| 2. | Implement Quality TBS to the Satisfaction of the Special Master Participation of staff and providers in the TBS training and use of the DMH Manuals; family and youth participation, and analysis and documented review of the TBS data dash board as a required tool in the Local meetings. | Yes: X | |
| 3. | MHP demonstrated the ability to accurately employ procedure codes, cost reports, and Short Doyle Medi-Cal (SD/MC) data reporting for TBS services. | Yes: X | |
| 4. | MHP engaged the key local stakeholders about TBS (providers, consumers, family & youth, and local community leaders). <ul style="list-style-type: none"> Decision-Maker Meeting Yes Stakeholder Meeting Yes Local Meeting Reports Submitted Yes MHP Progress Report Score 18 out of 20 | Yes: X | |
| 5. | MHP demonstrated a commitment to provide outreach regarding TBS training and engagement with professional staff and contract providers. <ul style="list-style-type: none"> Participation on the Level II Calls Participation on the Family and Youth Calls Use of the DMH Manuals (Documentation and Coordination of Care) | Yes: X | |
| 6. | MHP demonstrated a commitment to provide outreach regarding TBS training and engage with family members & youth in the MHP. | Yes: X | |

I Richard Saletta acting as the Special Master for the Emily Q v Bonta lawsuit has determined that the above county has met all the criteria and shall be Certified as meeting the requirements of the Emily Q. v Bonta Nine Point Plan: *Exit to Success*



Richard Saletta, LCSW
Special Master

Date: April 25, 2011

Source Document For The Certification Tool is the Emily Q. Exit Plan on April 7, 2009. Rev 3/11/2011

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
rsalpham@sbcglobal.net

Mr. Clifford Allenby, Interim Director
California State Department of Mental Health
1600 9th Street Rm 151
Sacramento, Ca 95814

April 25, 2011

Subject: Official Notice of TBS certification for Santa Clara County per the Emily Q v Bonta Exit Plan and DMH Information Notices 09-10; 10-20

Dear Mr. Allenby,

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) County Mental Health Plans (MHP) which have successfully demonstrated implementation of the TBS Nine Point Plan and notify the Director of California Department of Mental Health (CDMH).

In accordance with the Court approved Exit Plan, Point Nine of the TBS Nine Point Plan, the Special Master hereby notifies CDMH that Santa Clara County MHP has been Certified by the Special Master as succeeding in meeting the requirements of the Nine Point Plan. CDMH may count Santa Clara County certification towards meeting the Level II MHP Certification requirements specified in the Court's order.

The purpose of this certification process was to document the shared commitment by the local mental health plan and the State of California to increase and maintain access and utilization of TBS through the framework of the Nine Point Plan. It's been my pleasure to work along side the CDMH in successfully implementing the TBS Nine Point Plan. The CDMH is commended for taking the leadership at all levels in implementing this Plan during the past three years, overcoming the many challenges encountered during this difficult fiscal and political period for California.

As ordered by the Court in the Post-Exit Plan, CDMH and its County Mental Health Plans are required to continue with its effective collaboration in order to sustain increased access and utilization of TBS

Sincerely,



Richard Saletta, LCSW
Special Master

Attachments

SANTA CRUZ

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
rsalpham@sbcglobal.net

Official Notice of TBS certification for Santa Cruz County

Date: April 25, 2011

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) counties which have successfully demonstrated implementation of the TBS Nine Point Plan.


The purpose of this certification process is to document the shared commitment by the local mental health plan and the State of California to increase access and utilization of TBS through the framework of the Court Ordered Nine Point Plan. If successful in this endeavor, the Court has signaled its willingness to terminate jurisdiction, thereby concluding the Court's oversight and involvement in the *Emily Q* matter.

After a thorough review of Santa Cruz County efforts to increase access and utilization of TBS -- or TBS equivalent services -- and the demonstrated commitment to maintaining and enhancing the elements of the *Emily Q* TBS Nine Point Plan, I am pleased to provide you with official certification.

In the attached TBS Certification Protocol which is based on the California Department of Mental Health's (CDMH) Information Notice 10-20, Santa Cruz County staff provided me with documentation or reasonable assurances that your county has achieved the six criteria and met the expectations of the Court and the *Emily Q* Settlement Team.

It is ordered by the Court that the local and state level collaboration is maintained. The State has committed to the Court that specific communications and monitoring, data and claims reporting, training, and technical assistance will be maintained to support the improved level of TBS service delivery and efforts through June 2012.

Again, congratulations for this significant success, and thank you for your commitment to improve TBS service delivery practices and the continued collaboration with the State of California.



Richard Saletta, LCSW
Special Master

**Therapeutic Behavioral Services (TBS)
TBS Certification Protocol
Level II Mental Health Plans (MHPs)**

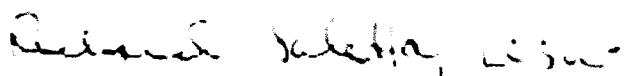
County: Santa Cruz

Mental Health Director: Leslie Tremaine

Date of Certification: April 25, 2011

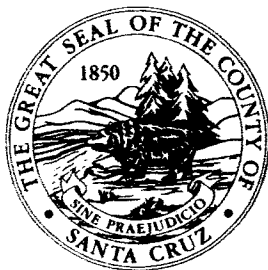
| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|----|--|--------|--|
| 1. | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none"> TBS Utilization Rate 1.60% TBS Equivalency Number 59 TBS Utilization Rate including Equivalent Services 5.22% | Yes: X | Two site visits assessing TBS Equiv – Wraparound |
| 2. | Implement Quality TBS to the Satisfaction of the Special Master Participation of staff and providers in the TBS training and use of the DMH Manuals; family and youth participation, and analysis and documented review of the TBS data dash board as a required tool in the Local meetings. | Yes: X | |
| 3. | MHP demonstrated the ability to accurately employ procedure codes, cost reports, and Short Doyle Medi-Cal (SD/MC) data reporting for TBS services. | Yes: X | |
| 4. | MHP engaged the key local stakeholders about TBS (providers, consumers, family & youth, and local community leaders). <ul style="list-style-type: none"> Decision-Maker Meeting Yes Stakeholder Meeting Yes Local Meeting Reports Submitted Yes MHP Progress Report Score 15 out of 20 | Yes: X | |
| 5. | MHP demonstrated a commitment to provide outreach regarding TBS training and engagement with professional staff and contract providers. <ul style="list-style-type: none"> Participation on the Level II Calls Participation on the Family and Youth Calls Use of the DMH Manuals (Documentation and Coordination of Care) | Yes: X | |
| 6. | MHP demonstrated a commitment to provide outreach regarding TBS training and engage with family members & youth in the MHP. | Yes: X | |

I Richard Saletta acting as the Special Master for the Emily Q v Bonta lawsuit has determined that the above county has met all the criteria and shall be Certified as meeting the requirements of the Emily Q. v Bonta Nine Point Plan: *Exit to Success*



Richard Saletta, LCSW
Special Master

Date: April 25, 2011



**County of Santa Cruz Mental Health,
Health Services Agency
Comprehensive Children's Services**

Address... P.O. Box 962, Santa Cruz CA 95061
Phone.....831.454.4900
Fax.....831.454.4916

March 21, 2011

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
7950 Ridge Road
Newcastle, CA 95658

Dear Mr. Saletta,

Santa Cruz County estimates a 5.2% trajectory of TBS and TBS equivalent services in the fiscal year (Fy) 2010-2011. This exceeds the 4% TBS benchmark requirement of the Emily Q Nine Point Plan. Santa Cruz County will meet this trajectory in the following manner:

4% TBS Benchmark:

The 4% target number of youth determined by APS and posted on the State TBS website for Calendar year '09 was 65 youth. (1,628 beneficiaries X 4%).

Estimated Actual TBS Services:

Year to date in Fy '10-11 Santa Cruz County has provided TBS to 16 youth from July '10 through February '11. This represents 93.6% of this year's contract allocation. The estimated actual number of youth who will receive these services, taking into account 100% of contract utilization for the Fy '10-11 is 26. (16 youth per 8 months extrapolated for 12 months and adjusted for 100% of contract utilization).

Estimated Actual TBS- Equivalent Services:

On November 18, 2010, Santa Cruz County received your Notice of Determination of TBS Equivalent Services. In your letter you determined that 61% of the records reviewed in our Wraparound Program met the TBS equivalency requirements.

The time period you reviewed was Fy '09-10. At that time, Santa Cruz County funded 32 clinical slots in our Wraparound Program. In Fy '10-11 we expanded the number of Wrap Slots to 40, a 25% increase.

Year to date in Fy '10-11 our Wraparound program has served 65 youth from July '10 through February '11. The EA number of youth who will receive these services for the Fy '10-11 year is 98. Applying the 61% equivalency rate to this EA, we project 59 youth will receive TBS – equivalent services in Fy '10-11.

Trajectory of TBS and TBS Equivalent f Services:

Adding the estimated actual TBS clients served, **26**, to the estimated actual number of Wraparound clients qualifying for TBS equivalent services, **59**, our combined total trajectory of TBS and TBS Equivalent services for the Fy'10-11 is **85** youth.

We anticipate serving the same number of beneficiaries in Fy '10-11 as we did in Fy '09,10, 1,628. The estimated actual of **85** youth represents a 5.2% trajectory of youth served in Fy' 10-11, exceeding the 4% TBS service benchmark. Santa Cruz County will notify the Special Master no later than April 29, 2011 on our most current TBS and Wraparound TBS equivalent service utilization.

Summary Table:

| Fiscal Year | Annual Beneficiaries | 4% Benchmark | Projected TBS Clients | Projected TBS Equivalent Clients | Projected Trajectory Total | Projected % Clients Served |
|-------------|----------------------|--------------|-----------------------|----------------------------------|----------------------------|----------------------------|
| 2009-2010 | 1,628 | 65 | | | | |
| 2010-2011 | 1,628 | 65 | 26 | 59 | 85 | 5.2% |

Our County commits to maintaining the funding necessary to continue this level of service delivery into the future in order to insure that these services are sustainable at these levels.

Sincerely,

Leslie Tremaine, Ed.D.
 Director
 County of Santa Cruz
 Mental Health and Substance Abuse Services

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
rsalpham@sbcglobal.net

Mr. Clifford Allenby, Interim Director
California State Department of Mental Health
1600 9th Street Rm 151
Sacramento, Ca 95814

April 25, 2011

Subject: Official Notice of TBS certification for Santa Cruz County per the Emily Q v Bonta Exit Plan and DMH Information Notices 09-10; 10-20

Dear Mr. Allenby,


As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) County Mental Health Plans (MHP) which have successfully demonstrated implementation of the TBS Nine Point Plan and notify the Director of California Department of Mental Health (CDMH).

In accordance with the Court approved Exit Plan, Point Nine of the TBS Nine Point Plan, the Special Master hereby notifies CDMH that Santa Cruz County MHP has been Certified by the Special Master as succeeding in meeting the requirements of the Nine Point Plan. CDMH may count Santa Cruz County certification towards meeting the Level II MHP Certification requirements specified in the Court's order.

The purpose of this certification process was to document the shared commitment by the local mental health plan and the State of California to increase and maintain access and utilization of TBS through the framework of the Nine Point Plan. It's been my pleasure to work along side the CDMH in successfully implementing the TBS Nine Point Plan. The CDMH is commended for taking the leadership at all levels in implementing this Plan during the past three years, overcoming the many challenges encountered during this difficult fiscal and political period for California.

As ordered by the Court in the Post-Exit Plan, CDMH and its County Mental Health Plans are required to continue with its effective collaboration in order to sustain increased access and utilization of TBS

Sincerely,



Richard Saletta, LCSW
Special Master

Attachments

SONOMA

Richard Saletta, LCSW
Special Master, *Emily Q. v Bonta*
rsalpham@sbcglobal.net

Official Notice of TBS certification for Sonoma County

Date: April 28, 2011

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) counties which have successfully demonstrated implementation of the TBS Nine Point Plan.

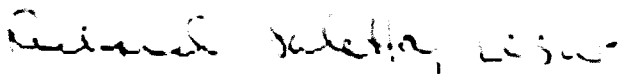
The purpose of this certification process is to document the shared commitment by the local mental health plan and the State of California to increase access and utilization of TBS through the framework of the Court Ordered Nine Point Plan. If successful in this endeavor, the Court has signaled its willingness to terminate jurisdiction, thereby concluding the Court's oversight and involvement in the *Emily Q* matter.

After a thorough review of Sonoma County efforts to increase access and utilization of TBS -- or TBS equivalent services -- and the demonstrated commitment to maintaining and enhancing the elements of the *Emily Q* TBS Nine Point Plan, I am pleased to provide you with official certification.

In the attached TBS Certification Protocol which is based on the California Department of Mental Health's (CDMH) Information Notice 10-20, Sonoma County staff provided me with documentation or reasonable assurances that your county has achieved the six criteria and met the expectations of the Court and the *Emily Q* Settlement Team.

It is ordered by the Court that the local and state level collaboration is maintained. The State has committed to the Court that specific communications and monitoring, data and claims reporting, training, and technical assistance will be maintained to support the improved level of TBS service delivery and efforts through June 2012.

Again, congratulations for this significant success, and thank you for your commitment to improve TBS service delivery practices and the continued collaboration with the State of California.



Richard Saletta, LCSW
Special Master

**Therapeutic Behavioral Services (TBS)
TBS Certification Protocol
Level II Mental Health Plans (MHPs)**

County: Sonoma

Mental Health Director: Mike Kennedy, MFT

Date of Certification: April 28, 2011

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|----|--|--------|--|
| 1. | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none"> TBS Utilization Rate 4.33% TBS Equivalency Number TBS Utilization Rate including Equivalent Services 4.33% | Yes: X | Increases in TBS Utilization Outstanding |
| 2. | Implement Quality TBS to the Satisfaction of the Special Master Participation of staff and providers in the TBS training and use of the DMH Manuals; family and youth participation, and analysis and documented review of the TBS data dash board as a required tool in the Local meetings. | Yes: X | |
| 3. | MHP demonstrated the ability to accurately employ procedure codes, cost reports, and Short Doyle Medi-Cal (SD/MC) data reporting for TBS services. | Yes: X | |
| 4. | MHP engaged the key local stakeholders about TBS (providers, consumers, family & youth, and local community leaders). <ul style="list-style-type: none"> Decision-Maker Meeting Yes Stakeholder Meeting Yes Local Meeting Reports Submitted Yes MHP Progress Report Score 17 out of 20 | Yes: X | |
| 5. | MHP demonstrated a commitment to provide outreach regarding TBS training and engagement with professional staff and contract providers. <ul style="list-style-type: none"> Participation on the Level II Calls Participation on the Family and Youth Calls Use of the DMH Manuals (Documentation and Coordination of Care) | Yes: X | |
| 6. | MHP demonstrated a commitment to provide outreach regarding TBS training and engage with family members & youth in the MHP. | Yes: X | |

I Richard Saletta acting as the Special Master for the Emily Q v Bonta lawsuit has determined that the above county has met all the criteria and shall be Certified as meeting the requirements of the Emily Q. v Bonta Nine Point Plan: *Exit to Success*

Richard Saletta, LCSW

Richard Saletta, LCSW
Special Master

Date: April 25, 2011

Source Document For The Certification Tool is the Emily Q. Exit Plan on April 7, 2009. Rev 3/11/2011

**Therapeutic Behavioral Services (TBS)
TBS Certification for Calendar Year 2010
Level II Mental Health Plans (MHPs)**

County: Sonoma

Mental Health Director: Michael Kennedy

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|----|---|--|--|
| 1. | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none">TBS Utilization Rate | Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> | Sonoma will need 17 unduplicated claims to exceed the 4% benchmark. Currently, paid claims at DMH for CY 2010 is at 30, and 47 clients will exceed the 4% TBS benchmark. |
| 2. | Sonoma County MHP is on schedule to submit 17 TBS claims to exceed the 4% benchmark for the Nine Point Plan by June 30, 2011 for Calendar Year 2010. | Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> | |

I, Michael Kennedy as the Mental Health Director of Sonoma, due hereby certify that Sonoma County MHP has provided TBS above the 4% benchmark as required in the Emily Q v Bonta Nine Point Plan: *Exit to Success*.

Signature

Date

Date 4/15/2011

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
rsalpham@sbcglobal.net

Mr. Clifford Allenby, Interim Director
California State Department of Mental Health
1600 9th Street Rm 151
Sacramento, Ca 95814

April 28, 2011

Subject: Official Notice of TBS certification for Sonoma County per the Emily Q v Bonta Exit Plan and DMH Information Notices 09-10; 10-20

Dear Mr. Allenby,

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) County Mental Health Plans (MHP) which have successfully demonstrated implementation of the TBS Nine Point Plan and notify the Director of California Department of Mental Health (CDMH).

In accordance with the Court approved Exit Plan, Point Nine of the TBS Nine Point Plan, the Special Master hereby notifies CDMH that Sonoma County MHP has been Certified by the Special Master as succeeding in meeting the requirements of the Nine Point Plan. CDMH may count Sonoma County certification towards meeting the Level II MHP Certification requirements specified in the Court's order.

The purpose of this certification process was to document the shared commitment by the local mental health plan and the State of California to increase and maintain access and utilization of TBS through the framework of the Nine Point Plan. It's been my pleasure to work along side the CDMH in successfully implementing the TBS Nine Point Plan. The CDMH is commended for taking the leadership at all levels in implementing this Plan during the past three years, overcoming the many challenges encountered during this difficult fiscal and political period for California.

As ordered by the Court in the Post-Exit Plan, CDMH and its County Mental Health Plans are required to continue with its effective collaboration in order to sustain increased access and utilization of TBS

Sincerely,



Richard Saletta, LCSW
Special Master

Attachments

STANISLAUS

Richard Saletta, LCSW
Special Master, *Emily Q. v Bonta*
rsalpham@sbcglobal.net

Official Notice of TBS certification for Stanislaus County

Date: April 25, 2011

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) counties which have successfully demonstrated implementation of the TBS Nine Point Plan.

The purpose of this certification process is to document the shared commitment by the local mental health plan and the State of California to increase access and utilization of TBS through the framework of the Court Ordered Nine Point Plan. If successful in this endeavor, the Court has signaled its willingness to terminate jurisdiction, thereby concluding the Court's oversight and involvement in the *Emily Q* matter.

After a thorough review of Stanislaus County efforts to increase access and utilization of TBS -- or TBS equivalent services -- and the demonstrated commitment to maintaining and enhancing the elements of the *Emily Q* TBS Nine Point Plan, I am pleased to provide you with official certification.

In the attached TBS Certification Protocol which is based on the California Department of Mental Health's (CDMH) Information Notice 10-20, Stanislaus County staff provided me with documentation or reasonable assurances that your county has achieved the six criteria and met the expectations of the Court and the *Emily Q* Settlement Team.

It is ordered by the Court that the local and state level collaboration is maintained. The State has committed to the Court that specific communications and monitoring, data and claims reporting, training, and technical assistance will be maintained to support the improved level of TBS service delivery and efforts through June 2012.

Again, congratulations for this significant success, and thank you for your commitment to improve TBS service delivery practices and the continued collaboration with the State of California.



Richard Saletta, LCSW
Special Master

**Therapeutic Behavioral Services (TBS)
TBS Certification Protocol
Level II Mental Health Plans (MHPs)**

County: Stanislaus

Mental Health Director: Madelyn Schlaepfer, PhD

Date of Certification: April 25, 2011

| | SPECIFIC CRITERIA FOR TBS CERTIFICATION | STATUS | COMMENTS/NOTES |
|----|--|--------|---|
| 1. | Four percent (4%) benchmark for TBS utilization <ul style="list-style-type: none"> TBS Utilization Rate 2.21% TBS Equivalency Number 81 TBS Utilization Rate including Equivalent Services 4.29% | Yes: X | Increases in TBS Utilization Outstanding; Excellent TBS Equivalent Services |
| 2. | Implement Quality TBS to the Satisfaction of the Special Master Participation of staff and providers in the TBS training and use of the DMH Manuals; family and youth participation, and analysis and documented review of the TBS data dash board as a required tool in the Local meetings. | Yes: X | |
| 3. | MHP demonstrated the ability to accurately employ procedure codes, cost reports, and Short Doyle Medi-Cal (SD/MC) data reporting for TBS services. | Yes: X | |
| 4. | MHP engaged the key local stakeholders about TBS (providers, consumers, family & youth, and local community leaders). <ul style="list-style-type: none"> Decision-Maker Meeting Yes Stakeholder Meeting Yes Local Meeting Reports Submitted Yes MHP Progress Report Score 16 out of 20 | Yes: X | |
| 5. | MHP demonstrated a commitment to provide outreach regarding TBS training and engagement with professional staff and contract providers. <ul style="list-style-type: none"> Participation on the Level II Calls Participation on the Family and Youth Calls Use of the DMH Manuals (Documentation and Coordination of Care) | Yes: X | |
| 6. | MHP demonstrated a commitment to provide outreach regarding TBS training and engage with family members & youth in the MHP. | Yes: X | |

I Richard Saletta acting as the Special Master for the Emily Q v Bonta lawsuit has determined that the above county has met all the criteria and shall be Certified as meeting the requirements of the Emily Q. v Bonta Nine Point Plan: *Exit to Success*



Richard Saletta, LCSW
Special Master

Date: April 25, 2011

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
rsalpham@sbcglobal.net

Mr. Clifford Allenby, Interim Director
California State Department of Mental Health
1600 9th Street Rm 151
Sacramento, Ca 95814

April 25, 2011

Subject: Official Notice of TBS certification for Stanislaus County per the Emily Q v Bonta Exit Plan and DMH Information Notices 09-10; 10-20

Dear Mr. Allenby,

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) County Mental Health Plans (MHP) which have successfully demonstrated implementation of the TBS Nine Point Plan and notify the Director of California Department of Mental Health (CDMH).

In accordance with the Court approved Exit Plan, Point Nine of the TBS Nine Point Plan, the Special Master hereby notifies CDMH that Stanislaus County MHP has been Certified by the Special Master as succeeding in meeting the requirements of the Nine Point Plan. CDMH may count Stanislaus County certification towards meeting the Level II MHP Certification requirements specified in the Court's order.

The purpose of this certification process was to document the shared commitment by the local mental health plan and the State of California to increase and maintain access and utilization of TBS through the framework of the Nine Point Plan. It's been my pleasure to work along side the CDMH in successfully implementing the TBS Nine Point Plan. The CDMH is commended for taking the leadership at all levels in implementing this Plan during the past three years, overcoming the many challenges encountered during this difficult fiscal and political period for California.

As ordered by the Court in the Post-Exit Plan, CDMH and its County Mental Health Plans are required to continue with its effective collaboration in order to sustain increased access and utilization of TBS

Sincerely,



Richard Saletta, LCSW
Special Master

Attachments

VENTURA

Richard Saletta, LCSW
Special Master, *Emily Q. v Bonta*
rsalpham@sbcglobal.net

Official Notice of TBS certification for Ventura County

Date: April 25, 2011

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) counties which have successfully demonstrated implementation of the TBS Nine Point Plan.

The purpose of this certification process is to document the shared commitment by the local mental health plan and the State of California to increase access and utilization of TBS through the framework of the Court Ordered Nine Point Plan. If successful in this endeavor, the Court has signaled its willingness to terminate jurisdiction, thereby concluding the Court's oversight and involvement in the *Emily Q* matter.

After a thorough review of Ventura County efforts to increase access and utilization of TBS -- or TBS equivalent services -- and the demonstrated commitment to maintaining and enhancing the elements of the *Emily Q* TBS Nine Point Plan, I am pleased to provide you with official certification.

In the attached TBS Certification Protocol which is based on the California Department of Mental Health's (CDMH) Information Notice 10-20, Ventura County staff provided me with documentation or reasonable assurances that your county has achieved the six criteria and met the expectations of the Court and the *Emily Q* Settlement Team.

It is ordered by the Court that the local and state level collaboration is maintained. The State has committed to the Court that specific communications and monitoring, data and claims reporting, training, and technical assistance will be maintained to support the improved level of TBS service delivery and efforts through June 2012.

Again, congratulations for this significant success, and thank you for your commitment to improve TBS service delivery practices and the continued collaboration with the State of California.



Richard Saletta, LCSW
Special Master

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
7950 Ridge Road, Newcastle, CA 95658
916-960-3937 rsalpham@sbcglobal.net

Mr. Clifford Allenby, Interim Director
California State Department of Mental Health
1600 9th Street Rm 151
Sacramento, Ca 95814

April 25, 2011

Subject: Official Notice of TBS certification for Ventura County per the Emily Q v Bonta Exit Plan and DMH Information Notices 09-10; 10-20

Dear Mr. Allenby,

As Special Master for the *Emily Q. v Bonta* matter, and in accordance with the Therapeutic Behavioral Services (TBS) Nine Point Plan, it is my responsibility to certify Level II (27 large/medium) counties which have successfully demonstrated implementation of the TBS Nine Point Plan and notify the Director of California Department of Mental Health (CDMH).

In accordance with the Court approved Exit Plan, Point Nine of the TBS Nine Point Plan, the Special Master hereby notifies CDMH that Ventura County MHP has been Certified by the Special Master as succeeding in meeting the requirements of the Nine Point Plan. CDMH may count Ventura County Certification towards meeting the Level II MHP Certification requirements specified in the Court's order.

The purpose of this certification process was to document the shared commitment by the local mental health plan and the State of California to increase access and utilization of TBS through the framework of the Nine Point Plan, as authorized by the Honorable U.S. Central District Judge A. Howard Matz. It's been my pleasure to work along side the CDMH in successfully implementing the TBS Nine Point Plan. The CDMH is commended for taking the leadership at all levels in implementing this Plan during the past three years, overcoming the many challenges encountered during this difficult fiscal and political period for California.

This TBS certification provides the State and MHP with a foundation to continue the effective collaboration that has increased access and utilization of TBS through the Post - Exit Plan, as authorized by the Honorable U.S. Central District Judge A. Howard Matz.

Sincerely,

Richard Saletta, LCSW
Special Master

Attachments

ECF DIVIDER

EXHIBIT "E" TO SPECIAL MASTER'S FINAL REPORT – MHP EQUIVALENT NOTICES

1
2
3
4

Exhibit E: Special Master's County MHP TBS Equivalent Notices

Special Master's County MHP TBS Equivalent Notice

Butte

Kern

Los Angeles

Marin

Orange

Placer

Riverside

Sacramento

San Diego

San Francisco

Santa Cruz

Stanislaus

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
7950 Ridge Road, Newcastle, CA 95658
916-960-3937 rsalpham@sbcglobal.net

Notice of Determination of TBS Equivalent Services: Butte County

January 4, 2011

As Special Master for the Emily Q. v Bonta matter, and in accordance with the Emily Q Nine Point Plan, it is my responsibility to certify that the Level II counties identified in the Nine Point Plan reach the four percent TBS service benchmark, either through TBS services or through TBS-equivalent services to children in the Emily Q class.

The County of Butte, Behavioral Health Services requested that 313 children served through three unique programs: Connecting Circles of Care, In-Home Parenting and Hospital Alternative Programs be considered as providing TBS Equivalent Services.

On January 4, 2011 my staff, Department of Mental Health staff and I reviewed 30 case records and found that 12 of the 30 records (forty percent) fulfilled the TBS equivalent requirements. Based on this, I hereby determine that 125 of the children served by the above unique programs during calendar year 2010 received TBS equivalent services and that these 125 children may be added to the number of children who received TBS services during calendar year 2010 for the purpose of fulfilling Butte County's four percent TBS benchmark requirement.

Richard Saletta, LCSW

/s/

Special Master

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
7950 Ridge Road, Newcastle, CA 95658
916-960-3937 rsalpham@sbcglobal.net

Notice of Determination of TBS Equivalent Services: Kern County

November 11, 2010

As Special Master for the Emily Q. v Bonta matter, and in accordance with the Emily Q Nine Point Plan, it is my responsibility to certify that the Level II counties identified in the Nine Point Plan reach the four percent TBS service benchmark, either through TBS services or through TBS-equivalent services to children in the Emily Q class.

The County of Kern, Mental Health Services requested that 74 children served through four unique programs: Clinica Sierra Vista Behavioral Health, Child Guidance Clinic and Kern County Multidimensional Treatment Foster Care and Dialectical Behavior Treatment Wraparound Team be considered as receiving TBS equivalent services. On November 8, 2010 my staff and I reviewed all 32 case records and found that 13 of the 32 records (forty-two percent) fulfilled the TBS equivalent requirements. Based on this, I hereby determine that 31 of the children served by the above unique programs during fiscal year 2009/10 received TBS equivalent services and that these 31 children may be added to the number of children who received TBS services during 2009/10 for the purpose of fulfilling Kern County's four percent TBS benchmark requirement.

/s/

Richard Saletta, LCSW
Special Master

Richard Saletta, LCSW
Special Master, Emily Q. v Bonta
7950 Ridge Road, Newcastle, CA 95658
916-960-3937 rsalpham@sbcglobal.net

Notice of Determination of TBS Equivalent Services: Los Angeles County #1

October 10, 2010

As Special Master for the Emily Q. v Bonta matter, and in accordance with the Emily Q Nine Point Plan, it is my responsibility to certify that the Level II counties identified in the Nine Point Plan reach the four percent TBS service benchmark, either through TBS services or through TBS-equivalent services to children in the Emily Q class.

The County of Los Angeles Department of Mental Health requested that 848 children served through 14 providers be considered as receiving TBS equivalent services. On October 4 and 5, 2010 my staff and I reviewed a representative sample of 28 case records and found that 18 of the 28 records (roughly 64 percent) fulfilled the TBS equivalent requirements. Based on this sample, I hereby determine that 543 of the children served Los Angeles County Department of Mental Health during fiscal year 2009/10 received TBS equivalent services and that these 543 children may be added to the number of children who received TBS services during 2009/10 for the purpose of fulfilling Los Angeles County's four percent TBS benchmark requirement.

/s/

Richard Saletta, LCSW
Special Master

Richard Saletta, LCSW
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Notice of Determination of TBS Equivalent Services: Los Angeles #2

April 5, 2011

As Special Master for the Emily Q. v Bonta matter, and in accordance with the Emily Q Nine Point Plan, it is my responsibility to certify that the Level II counties identified in the Nine Point Plan reach the four percent TBS service benchmark, either through TBS services or through TBS-equivalent services to children in the Emily Q class.

The County of Los Angeles, Department of Mental Health requested that 902 children be considered as receiving TBS equivalent services served through the following fourteen Los Angeles County providers:

- Families First (Eastfield Ming Quong)(EMQ)
- Hathaway-Sycamores
- National Foundation
- SFVCMHC
- Star View
- Five Acres
- Bievenidos
- Tarzana

On March 30 and 31, 2011 my staff and I, and staff from the State Department of Mental Health reviewed a representative sample of 30 case records and found that fourteen of the thirty records (roughly forty-seven percent) fulfilled the TBS equivalent requirements. Based on this sample, I hereby determine that 424 of the children served Los Angeles County Department of Mental Health during calendar year 2010 received TBS equivalent services and that these 424 children may be added to the number of children who received TBS services during calendar year 2010 for the purpose of fulfilling Los Angeles County's four percent TBS benchmark requirement.



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Notice of Determination of TBS Equivalent Services: Marin County

October 27, 2010

As Special Master for the Emily Q. v Bonta matter, and in accordance with the Emily Q Nine Point Plan, it is my responsibility to certify that the Level II counties identified in the Nine Point Plan reach the four percent TBS service benchmark, either through TBS services or through TBS-equivalent services to children in the Emily Q class.

The County of Marin, Mental Health Services requested that 30 children served through Seneca Center, Sustaining Families Wraparound program be considered as receiving TBS equivalent services. On October 25 and 26, 2010 my staff and I reviewed all 30 case records and found that 16 of the 30 records (fifty-three percent) fulfilled the TBS equivalent requirements. Based on this, I hereby determine that 16 of the children served by Marin County's Sustaining Families Wraparound program during fiscal year 2009/10 received TBS equivalent services and that these 16 children may be added to the number of children who received TBS services during 2009/10 for the purpose of fulfilling Marin County's four percent TBS benchmark requirement.

/s/

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Notice of Determination of TBS Equivalent Services: Orange County

October 18, 2010

As Special Master for the Emily Q. v Bonta matter, and in accordance with the Emily Q Nine Point Plan, it is my responsibility to certify that the Level II counties identified in the Nine Point Plan reach the four percent TBS service benchmark, either through TBS services or through TBS-equivalent services to children in the Emily Q class.

The County of Orange, Behavioral Health Services requested that 395 children served by four county programs- South Coast Children's Society Social Rehabilitation, South Coast Crisis Residential, CSP Crisis Residential and Orange County Child Abuse Prevention –In Home Crisis Stabilization Programs be considered as receiving TBS equivalent services. On October 4 and 5, 2010 my staff and I reviewed a representative sample of 30 case records and found that 15 of the 30 records (fifty percent) fulfilled the TBS equivalent requirements. Based on this sample, I hereby determine that 197 of the children served Orange Behavioral Services during fiscal year 2009/10 received TBS equivalent services and that these 197 children may be added to the number of children who received TBS services during 2009/10 for the purpose of fulfilling Orange County's four percent TBS benchmark requirement.

/s/

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Notice of Determination of TBS Equivalent Services: Placer County

April 14, 2011

As Special Master for the Emily Q. v Bonta matter, and in accordance with the Emily Q Nine Point Plan, it is my responsibility to certify that the Level II counties identified in the Nine Point Plan reach the four percent TBS service benchmark, either through TBS services or through TBS-equivalent services to children in the Emily Q class.

The County of Placer, Department of Health and Human Services, Children's System of Care Division requested that 150 children be considered as receiving TBS equivalent services provided through county operated Wrap Around and Support Counselor programs.

On April 13, 2011 my staff and I, and staff from the State Department of Mental Health reviewed a representative sample of 26 case records and found that six of the twenty-six records (twenty-three percent) fulfilled the TBS equivalent requirements. Based on this sample, I hereby determine that 35 of the children served Placer County, Children's System of Care during calendar year 2010 received TBS equivalent services and that these 35 children may be added to the number of children who received TBS services during calendar year 2010 for the purpose of fulfilling Placer County's County's four percent TBS benchmark requirement.



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Notice of Determination of TBS Equivalent Services: Riverside County

February 13, 2011

As Special Master for the Emily Q. v Bonta matter, and in accordance with the Emily Q Nine Point Plan, it is my responsibility to certify that the Level II counties identified in the Nine Point Plan reach the four percent TBS service benchmark, either through TBS services or through TBS-equivalent services to children in the Emily Q class.

The County of Riverside, Department of Mental Health requested that 250 children served through: Multi-Dimensional Foster Care (MDFC), Interagency Services for Families (ISF), West Wraparound, Desert Wraparound, Mid-County Multi-Dimensional Family Treatment (MDFT), Desert MDFT, West MDFT, West Expansion and Lake Ellsinore MDFT Programs, be considered as providing TBS Equivalent Services.

On February 9 and 10, 2011 my staff, Department of Mental Health staff and I reviewed 30 case records and found that 14 of the 30 records (forty-seven percent) fulfilled the TBS equivalent requirements. Based on this, I hereby determine that 117 of the children served by the above programs during fiscal year 2009-2010 received TBS equivalent services and that these 117 children may be added to the number of children who received TBS services during fiscal year 2009-2010 for the purpose of fulfilling Riverside County's four percent TBS benchmark requirement.

Richard Saletta, LCSW

/s/

Special Master

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Notice of Determination of TBS Equivalent Services: Sacramento County

December 10, 2010

As Special Master for the Emily Q. v Bonta matter, and in accordance with the Emily Q Nine Point Plan, it is my responsibility to certify that the Level II counties identified in the Nine Point Plan reach the four percent TBS service benchmark, either through TBS services or through TBS-equivalent services to children in the Emily Q class.

The County of Sacramento, Mental Health Services requested that 179 children served through five contractors: Sacramento Children's Home, Turning Point, Stanford Homes, River Oaks, and Eastfield Ming Quong be considered as providing TBS Equivalent Services.

Sacramento County identified 5% of its most intensive, Basic Plus Flexible Integrated Treatment (FIT) cases (54 out of 111 slots) and 62% of its Wraparound cases (125 out of 200 slots) fitting the TBS Equivalent Certification Guidelines provided by the State Department of Mental Health. On December 10, 2010 my staff and I reviewed 30 case records and found that 20 of the 30 records (sixty-seven percent) fulfilled the TBS equivalent requirements. Based on this, I hereby determine that 120 of the children served by the program during calendar year 2010 received TBS equivalent services and that these 120 children may be added to the number of children who received TBS services during calendar year 2010 for the purpose of fulfilling Sacramento County's four percent TBS benchmark requirement.

Richard Saletta, LCSW

/s/

Special Master

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Notice of Determination of TBS Equivalent Services: San Diego #1

May 10, 2010

As Special Master for the Emily Q. v Bonta matter, and in accordance with the Emily Q Nine Point Plan, it is my responsibility to certify that the Level II counties identified in the Nine Point Plan reach the four percent TBS service benchmark, either through TBS services or through TBS-equivalent services to children in the Emily Q class.

In fall of 2009, the County of San Diego requested that 188 children served through their Comprehensive Assessment and Stabilization Services (CASS) program be considered as receiving TBS equivalent services. In April 2010 my staff and I, along with a representative of the California Department of Mental Health, reviewed a representative sample of 32 case records for children in the CASS program and found that 19 (60 percent) fulfilled the TBS equivalent requirements. Based on this sample, I hereby determine that 113 (60 percent) of the children served by the CASS program during fiscal year 2008/09 received TBS equivalent services and that these 113 children may be added to the number of children who received TBS services during 2008/09 for the purpose of fulfilling San Diego County's four percent TBS benchmark requirement.

/s/

Richard Saletta, LCSW
Special Master

Enclosures:
Therapeutic Behavioral Services Equivalent Certification Guidelines
TBS Equivalent Best Practice Check List

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Notice of Determination of TBS Equivalent Services: San Diego County #2

March 4, 2011

As Special Master for the Emily Q. v Bonta matter, and in accordance with the Emily Q Nine Point Plan, it is my responsibility to certify that the Level II counties identified in the Nine Point Plan reach the four percent TBS service benchmark, either through TBS services or through TBS-equivalent services to children in the Emily Q class.

The County of San Diego, Department of Mental Health requested that 132 children served by Fred Finch Wraparound Program be considered as receiving TBS equivalent services. On March 1 and 2, 2011 my staff and I reviewed a representative sample of 29 case records and found that 10 of the 29 records (34 percent) fulfilled the TBS equivalent requirements. Based on this sample, I hereby determine that forty-five of the children served by Fred Finch Wraparound during calendar year 2010 received TBS equivalent services and that these forty-five children may be added to the number of children who received TBS services during calendar year 2010 for the purpose of fulfilling San Diego County four percent TBS benchmark requirement.

Richard Saletta, LCSW

/s/

Special Master

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Notice of Determination of TBS Equivalent Services: San Francisco

September 29, 2010

As Special Master for the Emily Q. v Bonta matter, and in accordance with the Emily Q Nine Point Plan, it is my responsibility to certify that the Level II counties identified in the Nine Point Plan reach the four percent TBS service benchmark, either through TBS services or through TBS-equivalent services to children in the Emily Q class.

In the summer of 2010, the County of San Francisco requested that 172 children served through their San Francisco Connections program, operated under contract by Seneca Center be considered as receiving TBS equivalent services. In September 2010 my staff and I reviewed a representative sample of 30 case records for children in the Seneca San Francisco Connections program and found that 16 of the 30 records (roughly 53 percent) fulfilled the TBS equivalent requirements. Based on this sample, I hereby determine that 92 of the children served by the Seneca San Francisco program during fiscal year 2009/10 received TBS equivalent services and that these 92 children may be added to the number of children who received TBS services during 2009/10 for the purpose of fulfilling San Francisco County's four percent TBS benchmark requirement.

/s/

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Notice of Determination of TBS Equivalent Services: Santa Cruz

November 18, 2010

As Special Master for the Emily Q. v Bonta matter, and in accordance with the Emily Q Nine Point Plan, it is my responsibility to certify that the Level II counties identified in the Nine Point Plan reach the four percent TBS service benchmark, either through TBS services or through TBS-equivalent services to children in the Emily Q class.

The County of Santa Cruz, Mental Health Services requested that 49 children served through Santa Cruz County Wraparound Team serving probation youth be considered as receiving TBS equivalent services. On November 16 and 17, 2010 my staff and I reviewed all 28 case records and found that 17 of the 28 records (sixty-one percent) fulfilled the TBS equivalent requirements. Based on this, I hereby determine that 30 of the children served by the program during fiscal year 2009/10 received TBS equivalent services and that these 30 children may be added to the number of children who received TBS services during 2009/10 for the purpose of fulfilling Santa Cruz County's four percent TBS benchmark requirement.

Richard Saletta, LCSW



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Notice of Determination of TBS Equivalent Services: Stanislaus County

March 26, 2011

As Special Master for the Emily Q. v Bonta matter, and in accordance with the Emily Q Nine Point Plan, it is my responsibility to certify that the Level II counties identified in the Nine Point Plan reach the four percent TBS service benchmark, either through TBS services or through TBS-equivalent services to children in the Emily Q class.

The County of Stanislaus, Department of Behavioral Health and Recovery Services requested that 162 children served by Aspira Stabilization Program and Sierra Vista Home Based Services be considered as receiving TBS equivalent services. On March 24 and 25, 2011 my staff and I reviewed a representative sample of 30 case records and found that 15 of the 30 records (fifty percent) fulfilled the TBS equivalent requirements. Based on this sample, I hereby determine that eighty-one of the children served by Aspira Stabilization Program and Sierra Vista Home Based Services during calendar year 2010 received TBS equivalent services and that these eighty-one children may be added to the number of children who received TBS services during calendar year 2010 for the purpose of fulfilling Stanislaus County four percent TBS benchmark requirement.

Richard Saletta, LCSW

A handwritten signature in black ink, appearing to be 'R. Saletta'.

Special Master